



450 MHZ SYSTEM COMMISSIONING



This form must be completed by the vendor who installed the DAS system and delivered at the acceptance inspection.

NOTE: Please have this document filled out and maintained on-site, within the log book. Have an additional copy for the inspector performing the "BDA Radio Signal Strength Test."

1. INSPECTION INFORMATION

Inspection Date (MM/DD/YYYY): _____

Miami-Dade Permit Number: _____

Other Permit Numbers (If Applicable): _____

2. PROJECT INFORMATION

Project Name: _____

Project Address: _____

City: _____ State: FL Zip Code: _____

Project Description:

Floors	
Stairwells	
Elevators	
Garage (# of Floors)	
Roof Access	
Emergency Command Center	
Pump Room	
Sprinkler Section Valve Location	
Standpipe Cabinets	

3. VENDOR INFORMATION

Vendor Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Company Phone: _____ Mobile Phone: _____

Email: _____

Website: _____

4. SYSTEM DESCRIPTION

BDA #1 Location: _____

BDA Manufacturer: _____ Model: _____

Serial Number: _____ FCC ID: _____

Downlink Frequencies: _____

Uplink Frequencies: _____

BDA #2 Location: _____

BDA Manufacturer: _____ Model: _____

Serial Number: _____ FCC ID: _____

Downlink Frequencies: _____

Uplink Frequencies: _____

Donor Antenna:

Donor Antenna Location: _____ Frequency Band: _____

Manufacturer: _____ Model: _____ Antenna Azimuth: _____

Model of the Lightning Protection Device: _____

Location of the Lightning Protection Device: _____

Interior Antennae:

Type: _____ Total: _____ Manufacturer: _____ Model: _____

Type: _____ Total: _____ Manufacturer: _____ Model: _____

Leaking Coax Cable: Y N Location: _____

Leaking Coax Cable: Y N Location: _____

Power Divider / Splitter / Tapper:

Manufacturer: _____ Model: _____ How Many: _____

Manufacturer: _____ Model: _____ How Many: _____

Manufacturer: _____ Model: _____ How Many: _____

Manufacturer: _____ Model: _____ How Many: _____

RF Cabling:

Outdoor: Manufacturer: _____ Model: _____
Outdoor: Manufacturer: _____ Model: _____
Indoor: Manufacturer: _____ Model: _____
Indoor: Manufacturer: _____ Model: _____
Indoor: Manufacturer: _____ Model: _____
Polyphaser: Manufacturer: _____ Model: _____
Location: _____

POWER SYSTEM

Primary Source:

Input Voltage: _____ Amps: _____
Main Disconnecting Circuit Location: _____ Number: _____
Circuit Label: _____

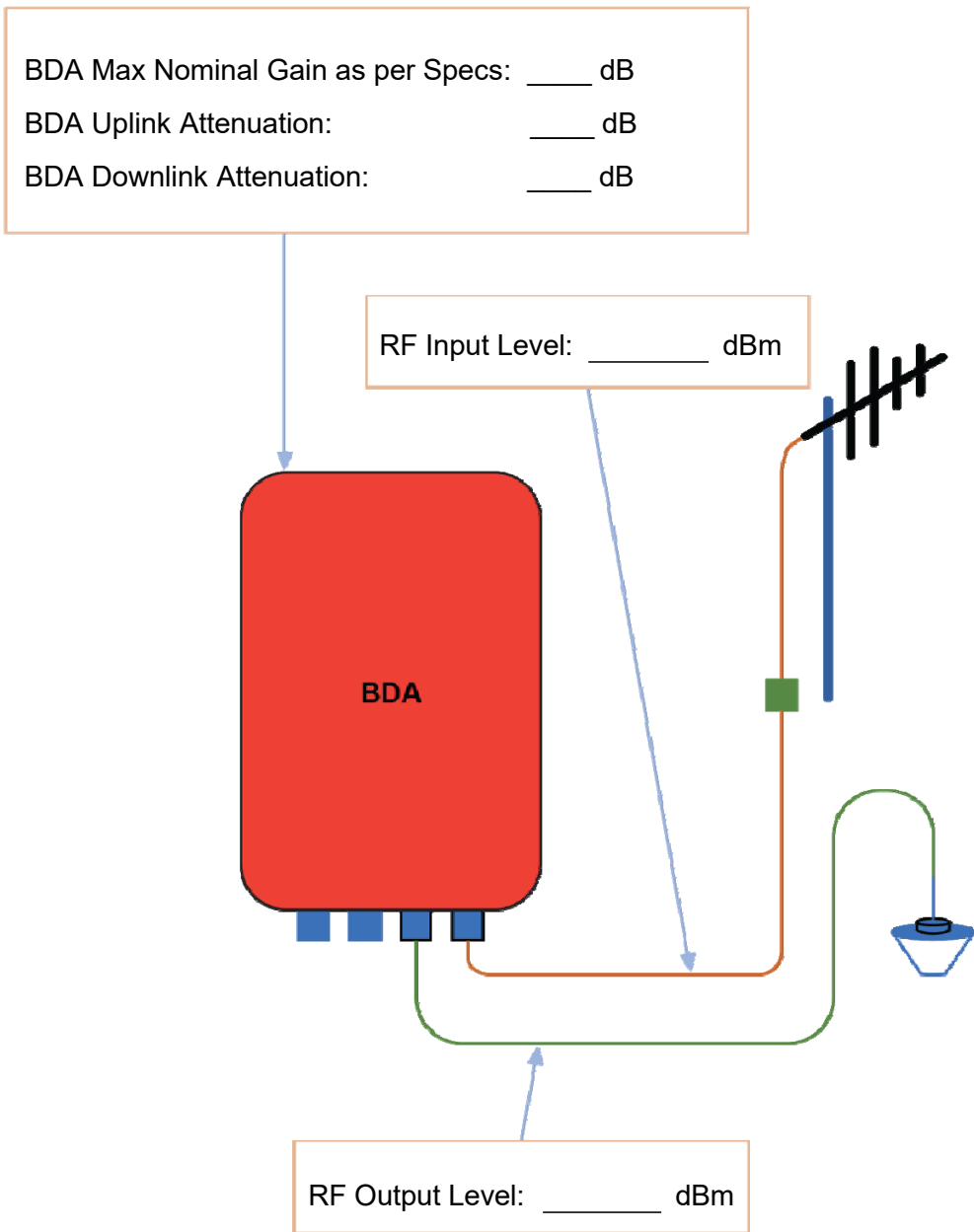
Secondary Source:

Type of Secondary Power: _____
Input Voltage: _____ Output Voltage: _____
Location: _____
Main Disconnecting Circuit Location: _____ Number: _____
Circuit Label: _____
Calculated Capacity of Backup Power to Drive the System:
Backup Time: _____(Hours) Alarm Mode: _____(%)

General Comments:

RF Readings:

Test Frequency: _____



System Isolation Test:

BDA Max Nominal Gain as per Specs: _____(dB)

Isolation Requirement: BDA Max Gain + 20 dB = _____(dB)

Injected Signal at Indoor Antennas: _____(dBm)

Reading at Donor Antenna: _____(dBm)

Measured Isolation: _____(dB)

NOTE: The inspector may request a re-test of the system isolation as part of the final RF inspection.

A screenshot showing the final settings of the BDA system(s) must be submitted along with this commissioning document.

CERTIFICATION AND APPROVALS

System Installation Contractor:

This system has been installed per the manufacturer's recommendation, NFPA standards, FCC, and local codes.

Signed: _____ Date: _____

Printed Name: _____

Title: _____

Organization: _____

System Operational Test:

This system has been tested per the manufacturer's recommendation, NFPA standards, FCC, and local codes.

Signed: _____ Date: _____

Printed Name: _____

Title: _____

Organization: _____