



Emergency Responder Radio System Coverage Report Test Results

Date Prepared:	May 10, 2023
Test File:	Project Name 5.10.23 V1.1_20230510_100220
Test Location:	Project name 5.10.23 v1
Technician:	
FCC#:	

Building: Project Name 5.10.23 v1
Result: Pass

Test Report Summary

Channel/ Ch Group	Freq (MHz)	Technology	Band	Result	Area Points passed (%)	Critical Points passed (%)
7	851.38750	P25	Public Safety Frequencies	Pass	38/38 (100%)	14/14 (100%)

Test Details

Number of Floors Tested:	2	Result Calculation:	By area per floor
Number of Areas Tested:	38	Area Pass Criteria:	95%
Number of Critical Points Tested:	14	Critical Points Pass Criteria:	99%
		Apply Adjacent Area Rule:	No

Equipment Configuration

Vendor	Application	Device	Calibration Expires	Antenna info
PCTEL	SeeHawk Touch rel 4.1.0.1	SeeGull IBflex Device rel 3.9.5.0 SN: 082302029	4-10-2025	

Threshold Settings

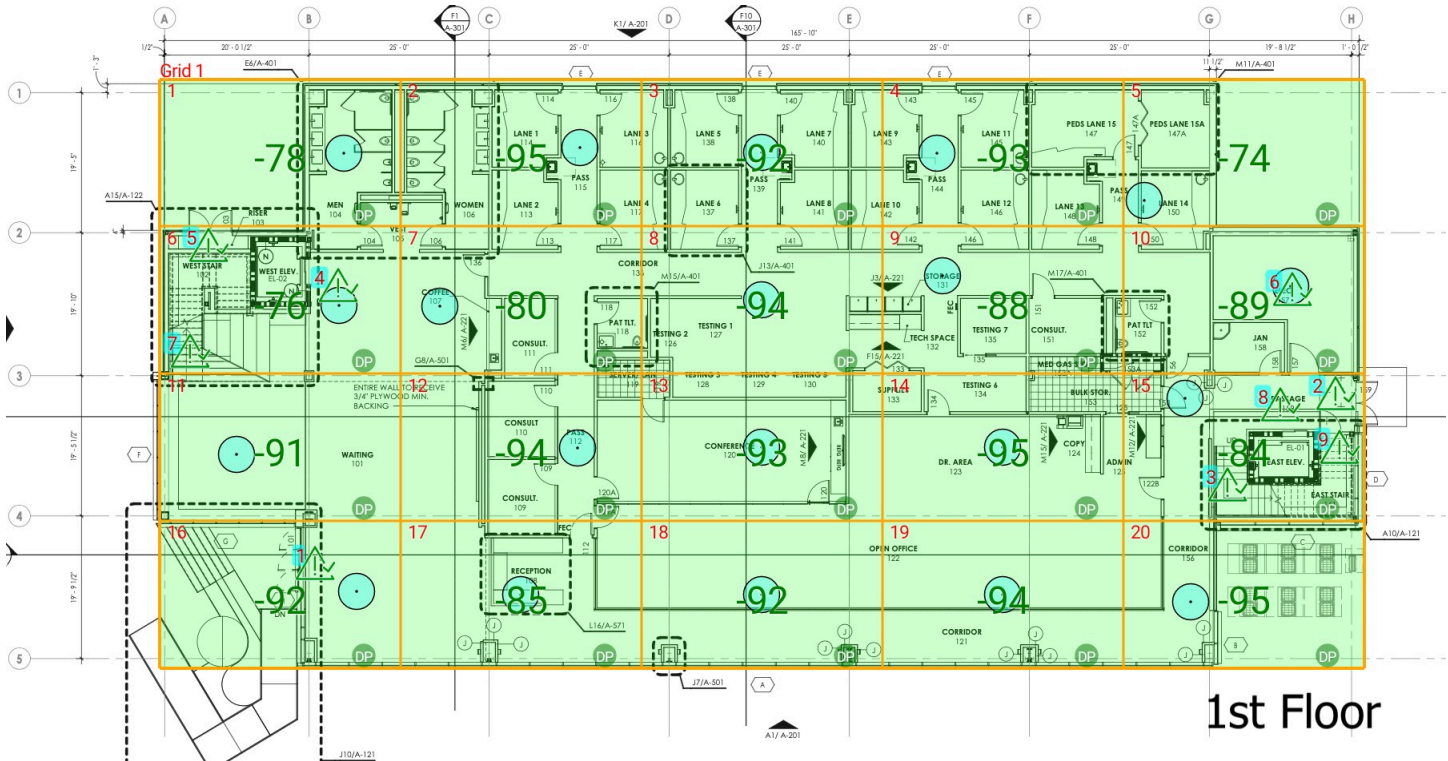
Measurement	DL Area Point	DL Critical Point	DL Use for grading	UL Area Point	UL Critical Point	UL Use for grading
P25 Power (RSSI)	-95.0 dBm	-95.0 dBm	Yes	-95.0 dBm	-95.0 dBm	Yes
DAQ	3.0		Yes			

Floors Result

Floor Plan	7 851.38750
1st Floor	Pass
2nd Floor	Pass

Floor: 1st Floor
Channel: 7
Result: Pass

Freq (MHz)	Tech	Band	Ant Gain	Cable Loss	Ph.	Type Mod	NAC	Area Points passed (%)	Critical Points passed (%)
851.38750	P25	Public Safety Frequencies	0.00	0.00				20/20 (100%)	9/9 (100%)



1st Floor

Grid	# of Areas	Area Size (sq. ft)	Area Width (ft)	Area Height (ft)	Ignore Area Color	Comments
1	20	682.47	33.45	20.41	Black	

Floor: 1st Floor Eye Channel: 7

Critical Points

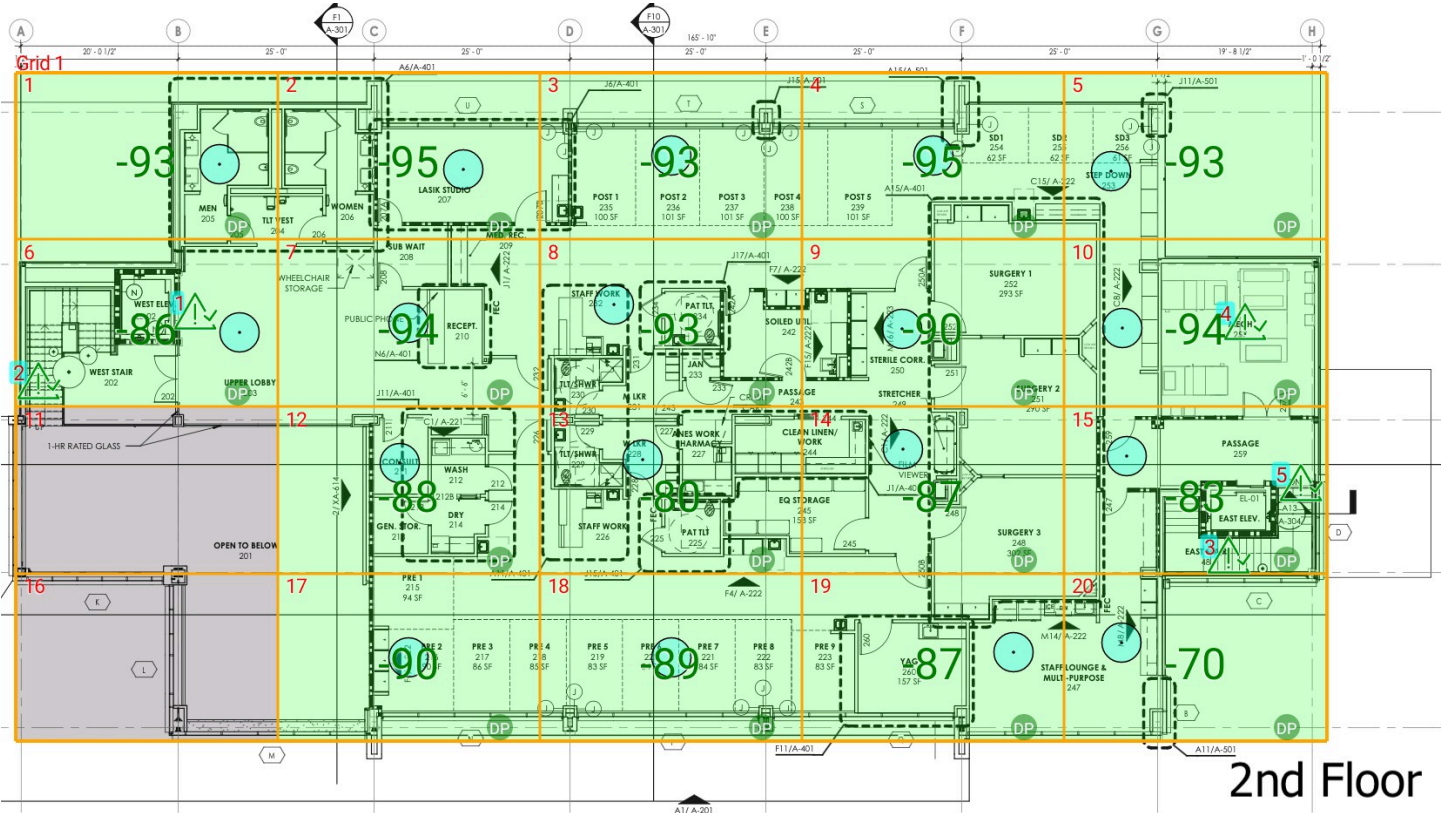
Critical Point	DL Power (dBm)	DL DAQ	UL Power (dBm)	UL DAQ	UL Tested	Result	DL Loss (dB)	Comment
1	-76.86					Pass		main entrance
2	-83.03					Pass		
3	-82.88					Pass		Elevator 2
4	-75.47					Pass		
5	-78.50					Pass		Fire Riser Room
6	-85.11					Pass		
7	-79.69					Pass		stairs
8	-88.28					Pass		
9	-83.36					Pass		Elevator Mechanical Room

Area Points

Grid	Area	DL Power (dBm)	DL DAQ	UL Power (dBm)	UL DAQ	UL Tested	Result	DL Loss (dB)	Comment
1	1	-77.46					Pass		
1	2	-94.84					Pass		
1	3	-91.14					Pass		
1	4	-92.60					Pass		
1	5	-73.44					Pass		
1	6	-75.92					Pass		
1	7	-79.77					Pass		
1	8	-93.96					Pass		
1	9	-87.47					Pass		
1	10	-88.31					Pass		
1	11	-90.19					Pass		
1	12	-93.83					Pass		
1	13	-92.55					Pass		
1	14	-94.06					Pass		
1	15	-83.66					Pass		
1	16	-91.32					Pass		
1	17	-84.70					Pass		
1	18	-91.36					Pass		
1	19	-93.04					Pass		
1	20	-94.64					Pass		

Floor: 2nd Floor Eye Channel: 7 Result: Pass

Freq (MHz)	Tech	Band	Ant Gain	Cable Loss	Ph.	Type Mod	NAC	Area Points passed (%)	Critical Points passed (%)
851.38750	P25	Public Safety Frequencies	0.00	0.00				18/18 (100%)	5/5 (100%)



2nd Floor

Grid	# of Areas	Area Size (sq. ft)	Area Width (ft)	Area Height (ft)	Ignore Area Color	Comments
1	20	712.99	33.47	21.31	Black	

Floor: 2nd Floor Channel: 7

Critical Points

Critical Point	DL Power (dBm)	DL DAQ	UL Power (dBm)	UL DAQ	UL Tested	Result	DL Loss (dB)	Comment
1	-85.18					Pass		Elevator 1
2	-86.64					Pass		
3	-81.46					Pass		Elevator 2 Lobby
4	-83.99					Pass		mechanical Room
5	-81.77					Pass		Stairwell 2

Area Points

Grid	Area	DL Power (dBm)	DL DAQ	UL Power (dBm)	UL DAQ	UL Tested	Result	DL Loss (dB)	Comment
1	1	-92.31					Pass		
1	2	-94.22					Pass		
1	3	-92.79					Pass		
1	4	-94.11					Pass		
1	5	-92.36					Pass		
1	6	-85.71					Pass		
1	7	-93.04					Pass		
1	8	-92.32					Pass		
1	9	-89.08					Pass		
1	10	-93.59					Pass		
1	11	NT	NT	NT	NT		NT		
1	12	-87.36					Pass		
1	13	-79.51					Pass		
1	14	-86.69					Pass		
1	15	-82.45					Pass		
1	16	NT	NT	NT	NT		NT		
1	17	-89.34					Pass		
1	18	-88.90					Pass		
1	19	-86.06					Pass		
1	20	-69.25					Pass		



BDA Information

1. BDA Installing Company

Company Name	Velocity CAD Designs	
Company Address		
Company Phone Number		
Technician Name		
Technician Email		
Responsible Party FCC License #		
Responsible Party		
Responsible Party Name		
Responsible Party Title		
Responsible Party email		
Responsible Party Phone Number		
Are you the same contractor who had done the Original BDA install?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. DAS Property Information

Building Name	5.10.23 v1
Property Owner	
Property Address	
City, State, Zip	
Property County	
Phone Number	
Email Address	

3. BDA Information

BDA Inspection date	
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BDA Location Description		
BDA Latitude		
BDA Longitude		
BDA Manufacturer		
BDA Serial #		
BDA Model #		
BDA Type	<input type="checkbox"/> A	<input type="checkbox"/> B
Frequency bands		
BDA firmware		
FCC Booster ID		
FCC Call Sign		
Date Submitted to FCC		
Passive or Active	<input type="checkbox"/> Passive	<input type="checkbox"/> Active
Hybrid (with other systems)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Uplink Gain Settings (dB)		
Downlink Gain Setting (dB)		

4. BDA Measurements

Does the Coverage test meet the AHJ Specification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, Explain		
Talk group and radio model		
BDA Tests Complete and BDA functional Y/N	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, Explain		
Max ERP form Donor Antenna		
Measure Max UL Input to BDA		
Measure Min UL Input to BDA		
Measure Max UL Output of BDA		

Measure Min UL Output of BDA		
UL squelch		
Confirm UL noise meets FCC 90.219.d.6.ii requirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expected noise RX at donor site		
Expected noise TX at donor site		

5. Donor Site and Donor Antenna Information

Site Name	
Antenna Model	
Antenna Gain (dBi or dBd)	
Antenna Location	
Antenna Azimuth	
RX noise floor value with DAS off	
BDA on/off test to verify no noise rise	
Max UL receive	
Min UL receive	

6. Fire Code Documentation

DAS Vendor Company	
DAS Vendor Contact Name	
DAS Vendor Phone No.	
Contractor GROL #	
DAS Permit Code Cycle	

BACK-UP POWER TEST:

Is the UPS still functional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, Explain		



Perform Battery 1-hour drop test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do UPS Batteries(s) need to be replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ANTENNA SYSTEM:

Is condition of Donor (outside) antenna satisfactory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Donor (outside) antenna clear from obstruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is condition of inside antenna(s)/coax satisfactory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, Explain		

REMARKS AND RECOMMENDATION:

Additional Info