



**Bellevue Fire Department**

Fire Prevention Division  
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[www.bellevuewa.gov](http://www.bellevuewa.gov)

**Distributed  
Antenna System  
Confidence Test  
Report**

Certification Given: White  Yellow  Red

**System \_\_\_\_\_ of \_\_\_\_\_**  
Descriptive location:  
\_\_\_\_\_

**System Test Report – Annual Testing and Maintenance**

<b>Distributed Antenna Systems (DAS)</b>		<b>STATUS</b>		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Deficiency Repair Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White

**SECTION 1 BUILDING CONTACT AND DAS INVENTORY INFORMATION**

**Section 1.1 Building Address and Contact Information**

Building Name: \_\_\_\_\_  
 Building Address: \_\_\_\_\_

Building Contact Name: Contact Address:	Building Contact Phone: Contact Email:
Central Station Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring Company Name: _____	Monitoring Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Monitoring Company Phone: _____

**Section 1.2 DAS Inventory**

System Make: \_\_\_\_\_ System Model: \_\_\_\_\_  
 Location of System in Building: \_\_\_\_\_ Applicable Code Year/Building Permit Issue: \_\_\_\_\_  
 Rebanding Retune Completed? \_\_\_\_\_  
 PSERN Retune Completed (after 2020 Retune Date)? \_\_\_\_\_

**SECTION 2 TESTING COMPANY, TECHNICIAN AND EQUIPMENT**

**Section 2.1 Testing Company Information for Current Test**

Company Name:	Phone:
Contact Name:	Emergency Phone:
Mailing Address:	Email:

**Section 2.2 Technician Information for Current Test**

Technician Name:	Phone:
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Technician FCC Certification/GROL#: \_\_\_\_\_

Technician performing testing has received manufacturer training or other equivalent:  Yes  No

Specify training received and date: \_\_\_\_\_ 20\_\_

### Section 2.3 Testing Equipment for Current Test

Spectrum analyzer make/model\*\*: \_\_\_\_\_

Calibration date: \_\_\_\_\_

Calibration performed by firm (qualified firm name): \_\_\_\_\_

*\*\* Use of a calibrated spectrum analyzer, with a current calibration, is required for this testing.*

## SECTION 3 CURRENT TEST – REQUIRED ELEMENTS AND TEST CHECKLIST

Date of Test: \_\_\_\_\_

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the CURRENT FIRE CODE AND REFERENCED NFPA STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and/or quarterly inspecting and testing requirements.

### Section 3.1 Pre-Test Check

Take precautions necessary to avoid preventable alarms.

1. If a monitored fire alarm system is present in the building, the Central Station Monitoring Service was notified that DAS testing is occurring and will be generating supervisory signals.  Yes  No  N/A

### Section 3.2 General - Recordkeeping

2. The following documents from the installation/acceptance testing are stored in the same room as the head end electronics and available to technicians and fire personnel:

- a. Grid diagram for each floor, showing tested strengths in each grid square.  Yes  No
- b. Copies of manufacturer specification sheets for all BDA/DAS systems components, including amplifiers, signal boosters, antennas, coax, couplers, splitters, combiners, and other passive components.  Yes  No
- c. Data sheets for backup battery and charging system  Yes  No
- d. Certification letter stating that the BDA/DAS system has been installed per code and was complete/fully functional at time of install.  Yes  No

### Section 3.3 DAS Specifications/Performance at Commissioning and Current

	At Commissioning	Current Test
Antenna Type		
ERP to Donor Site (dBm)		
Antenna Gain (dBd)		
Antenna Coordinates (NAD83)		

Antenna Azimuth (degrees true)		
Uplink Gain Setting	Gain Setting: _____ db Power: _____ dbm	Gain Setting: _____ Power: _____ dbm
Downlink Gain Setting	Gain Setting: _____ db Power: _____ dbm	Gain Setting: _____ Power: _____ dbm
Signal Level Received at Donor Site (-dBm) <i>Measure active control channel, w/20 KHz resolution bandwidth, at the jumper that connects to the DAS head-end donor port.</i>		
Signal Level Received from Donor Site (-dBm)		
Channelized Donor Site Name		
Channelized or Broadband		
<b>Section 3.4 Active Components</b>		
3. Signal booster is within a NEMA 4/IP66 Enclosure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Battery is within a NEMA 4/IP66 Enclosure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Battery is supervised by Fire Alarm System.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Signal booster is supervised by Fire Alarm System.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Equipment is FCC certified. If no, list corrections required: _____ _____ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Active components checked to verify operation within manufacturers' specifications:		
a. Equipment alarm log checked for recurring or substantial alarms and addressed as per manufacturer's recommendations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Isolation testing performed and measured system isolation is at least 20 db above the total downlink and the total uplink gain (whichever is greater) between least isolated DAS antenna and the donor antenna.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Signage at Fire Alarm Panel "This building is equipped with an Emergency Responder Radio Coverage System"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. DAS is communicating with same donor site as identified at time of commissioning or communicating with approved donor site as documented in writing by Radio System Operator or Authority Having Jurisdiction.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. DAS signal strength received from donor site at the input to the BDA meets original installation values plus or minus 2 db.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Uplink amplifier gain matches gain at commissioning plus or minus 2 db.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Downlink amplifier gain matches gain values recorded at commissioning plus or minus 2 db.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Antenna azimuth (bearing) matches commissioning matches commissioning azimuth plus or minus 5 degrees.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section 3.5 Distribution System**

15. Perform grid test: Signal strength remains stronger than (less negative than) -95 dBm for 95% of grids on each floor:  Yes  No  
If no, location(s) of failed grids: \_\_\_\_\_  
\_\_\_\_\_

**Section 3.6 Batteries/Secondary Power**

16. Backup batteries and secondary power supply tested under load for one hour and meet requirements.  Yes  No

**Section 3.7 Alarm Panel Monitoring**

17. If a fire alarm system is present in the building, the fire alarm system is supervising the DAS.  Yes  No  N/A

18. If a fire alarm system is present in the building, a supervisory signal was received at Central Station Monitoring company.  Yes  No  N/A

**Section 3.8 Final Checks**

19. If building includes a fire alarm system, inform alarm monitoring company that testing is complete.  Yes  No

**SECTION 4 SIGNATURES AND REPORTING**

20. A copy of this test report will be given to the owner in either electronic or paper form and a status tag was posted on the DAS.  Yes  No

21. A copy of this test report will be provided to the Fire Department as required, by uploading report into The Compliance Engine, within seven days of the date of the test.  Yes  No  
[www.thecomplianceengine.com](http://www.thecomplianceengine.com)

By accepting this statement, I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action.  Yes  No

I am authorized to submit this report for the certified technician who has accepted this statement.  Yes  No

**SIGNATURES (OPTIONAL)**

Signature of Technician	
Signature of Building Representative	