



**Mercer Island Fire Department**  
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 Mercer Island, WA 98040  
 (206) 275-7966  
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# RADIO COVERAGE SIGNAL STRENGTH ASSESSMENT FORM

## Assessment of Signal Strength without BDA/DAS for Buildings That Require Minimum Emergency Responder Radio Coverage

- |   |  |
|---|--|
| <input type="checkbox"/> Coverage meets code requirements throughout building | <input type="checkbox"/> Coverage does not meet code requirements in part or all of the building |
|---|--|

Use this form to document that a building (or portions of a building) have adequate signal strength for emergency responder radios and therefore do not require radio amplification systems such as Bi-Directional Antennas (BDAs) or Distributed Antenna Systems (DAS). If used in conjunction with a new construction project, shell and core construction shall be completed prior to radio signal testing, and assumptions shall be provided for signal limitations from anticipated tenant improvements. In-building signal strength can change over time for many reasons including changes in the exterior built environment and interior tenant improvements. If signal strength becomes insufficient in the future, BDA/DAS may then be required, independent of the results documented on this form at this time.

### SECTION 1 BUILDING INFORMATION

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

### SECTION 2 TESTING COMPANY, TECHNICIAN AND EQUIPMENT

#### Section 2.1 Testing Company Information

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

#### Section 2.2 Technician Information

Technician Name:	Phone:
Technician FCC Certification/GROL#: _____	
Technician performing testing has received manufacturer training or other equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specify manufacturer training received and year: _____	

#### Section 2.3 Testing Equipment Used for Assessment

Spectrum analyzer make/model\*\*: \_\_\_\_\_  
 Spectrum analyzer 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 RADIO COVERAGE ASSESSMENT RESULTS

Date of Assessment: \_\_\_\_\_

<b>Pass</b> The entire building in its current configuration provides adequate signal coverage in 95% of all areas of each floor of the building and 99% of the area of critical areas, where coverage requirements are defined in Seattle Fire Code 510.4.1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Partial Pass</b> The following portions of the building in the current configuration provide adequate signal coverage and should not need any additional DAS infrastructure (include descriptors such as directional, floor, wing):  _____ _____ _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
The following portions of the building do not provide adequate signal coverage and will need additional DAS infrastructure to improve signal strength and meet fire code requirements (include descriptors such as directional, floor, wing):  _____ _____ _____ _____	

<b>Fail</b> The building area provides inadequate signal coverage and will need additional DAS infrastructure to improve signal strength and meet fire code requirements. Notes:  _____ _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**SECTION 4 REQUIRED DOCUMENTATION**

A copy of the following documents is attached to this report for the fire code official.	
4.1 Grid diagram for each floor, showing test signal strengths in each floor, and indicating location of each critical area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Copy of General Radiotelephone Operator's License for technician listed in section 2.2 above.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 The form and attachments are stored in the fire command center or building engineer's office AND submitted by email to the Seattle Fire Department.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 5 ATTESTATION**

By accepting this statement, I, the FCC-licensed and manufacturer-trained technician shown on this form, certify that I have properly assessed radio signal strength following NFPA and CoMI standards and have accurately provided results in section 3 above, indicating whether the building or portions of the building have signal strength meeting the requirements in IFC 510.4.1 and MICC 17.07 (y).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**SECTION 6 SIGNATURE**

Signature of Technician _____	Date _____
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**INSTRUCTIONS FOR SUBMITTING THIS FORM TO MIFD**

1. A paper copy of this form and the required documentation in section 4 shall be stored at the building and made available to representatives from the Fire Marshal's Office at the time of inspection.
2. Email documents with Building Permit number to fire\_marshall@mercerisland.gov.