



**Nassau County Fire Commission**

**Office of the Fire Marshal**

1194 Prospect Avenue

Westbury, N.Y. 11590

(516) 573-9900

nassaucountyny.gov/firemarshal

**Emergency Responder Radio Coverage Signal Assessment Form**

***Assessment of Emergency Responder Radio Coverage Signal Strength***

- Coverage meets the code requirements of Section 510.4.1 of the Fire Code of New York State
- Coverage DOES NOT meet the code requirements of Section 510.4.1 of the Fire Code of New York State

Use this form to document the signal strength for emergency responder radio coverage, and the necessity for a radio amplification system. 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 to the exterior as well as interior tenant modifications. If signal strength becomes insufficient in the future, a radio amplification system may be required, independent of the results documented at this time.

***Building Location Information***

Building Name: \_\_\_\_\_  
 Building Corporate Name: \_\_\_\_\_ FEIN/Tax ID: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***Testing Company, Technician & Equipment Information***

Company Name: \_\_\_\_\_ FEIN/Tax ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Technician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Technician FCC Certification / GROL#: \_\_\_\_\_  
 Technician has received manufacturer's training from: \_\_\_\_\_ on Date: \_\_\_\_\_  
 Spectrum analyzer make / model: \_\_\_\_\_  
 Spectrum analyzer calibration date: \_\_\_\_\_  
 Spectrum analyzer calibration performed by: \_\_\_\_\_

***Please Fill Out All Information on Reverse Side***

***FIRE MARSHAL USE ONLY***

Permit # _____	Cash ID _____	Location ID _____
Date Issued _____	Check # _____	Company ID _____
Expiration _____	Amount _____	

## **Radio Coverage Assessment**

Date of assessment: \_\_\_\_\_

- PASS - Signal strength measurements in 95 percent of all areas on each floor of the building meet the signal strength requirements in Sections 510.4.1.1 through 510.4.1.3 of the Fire Code of New York State.
- PARTIAL PASS - Signal coverage in portions of the building is adequate, however other areas are deficient and will need additional amplification. (Include details below.)
- FAIL - Signal coverage in the building is inadequate and will need additional amplification. (Include details below.)

Portions of the building with ADEQUATE signal coverage: \_\_\_\_\_

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Portions of the building with INADEQUATE signal coverage: \_\_\_\_\_

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### **Documentation**

A copy of the following documents shall be attached to this report.

1. Grid diagram for each floor, showing test signal strengths.
2. Copy of the General Radiotelephone Operator's License for the technician.

A copy of this report package shall be stored in the fire command center or building engineer's office.

A copy of this report package shall be submitted to the local fire department.

I, the undersigned, certify that I have properly assessed radio signal strength following NFPA and Nassau County Fire Marshal's Office standards and have accurately provided the results above.

Any false statement(s) made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

\_\_\_\_\_  
FCC-licensed Technician (Print Name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
FCC-licensed Technician (Signature)

\_\_\_\_\_  
Notary Public