

Zone Enhancer Commissioning Form		2024-03-08
Version 2		
CREST Tracking Number		
Date of Commission (YYYY-MM-DD)		
Person(s) Conducting Commission		
Building Project Name		
Site Location and Details		
Site Address		
Latitude		
Longitude		
Design Details		
Control Channel Frequency (MHz)		
Donor Site		
Donor Antenna Azimuth (Degrees)		
Receive Signal into Zone Enhancer (dBm)		
Measured Isolation (dB)		
Downlink Gain Settings (dB)		
Uplink Gain Settings (dB)		
UL/DL Maximum Power Output per Channel (dBm)	Uplink:	Downlink:
UL/DL Maximum Composite Power Output (dBm)	Uplink:	Downlink:
Uplink Noise ERP Calculation (dBm)		
Donor Line Return Loss into Load (dB)		
Link Budget Attached		
Wideband or Channelized		
Safety Code 6 Compliant		
Verified Operation to Alarm Panel		

Professional Engineer Information	
To	Capital Region Emergency Services Telecommunications Inc.
Site Name	
Site Address	
Name of Registered Professional	
Discipline	
Address	
Phone Number	
Email	

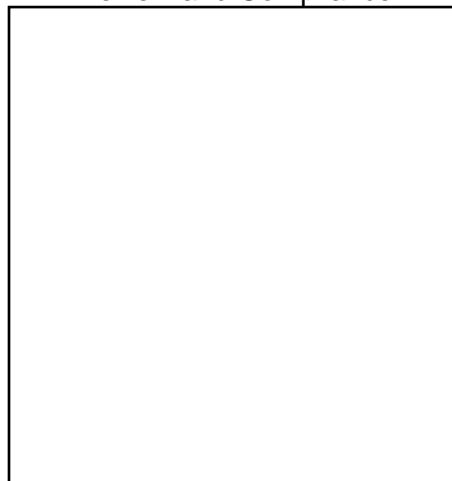
I Hereby give assurance that:

I have reviewed the Zone Enhancer Commissioning Form for the installation at the above noted Site Name, at the described Site Address, and,

The testing and results of the commissioning comply with the Zone Enhancer Authorization Procedure, and,

I am a registered Professional Engineer.

Assurance of Professional Field
Review and Compliance



Professional Seal and Signature