



TOWN OF FOXBOROUGH

FIRE DEPARTMENT

Bi-Directional Amplification (BDA) Compliance Certification



| | | | |
|---|--|--|--|
| Installation Address | Address: _____ Name of Bldg (if applicable): _____ Zip Code: _____ Permit # _____ | Floors | Certification Type |
| | | Above Grade _____ Below Grade _____ | <input type="checkbox"/> New Installation <input type="checkbox"/> Contract Update <input type="checkbox"/> 5-Year Renewal (survey required) |
| Radio Technician Certification | I hereby certify that the BDA Communication System at the above address was installed and tested in accordance with the requirements of the current Town of Foxborough, Commonwealth of Massachusetts Building Code, and International Fire Code In-Building Radio Specification and is in compliance with same. | | |
| | Name: _____ | | FCC License #: _____ |
| | Employer: _____ | | Expiration Date: _____ |
| | Signature: _____ | | Date: _____ |
| Maintenance Contract Certification | I hereby certify that a maintenance contract is in place for the BDA System at the above address. This agreement provides 24 hour by 7 day emergency response within two (2) hours after notification. Foxborough Fire will be notified within 24 hours if this contract is canceled. Such notice shall contain the date and time such cancellation is to take effect. | | |
| | Service Provider: _____ | | Contract Expiration Date: _____ |
| | Name: _____ Title: _____ | | Emergency Contact #: _____ |
| | Signature: _____ | | Date _____ |

For office use only

| | Acceptable | Comments |
|--------------------------|------------|----------|
| Radio Survey | | |
| Monitoring System | | |
| Cabinet Label | | |
| Equipment specifications | | |
| Radio system drawings | | |
| Sample test | | |
| Uplink Gain: | | |
| Downlink Gain: | | |

The Sample Testing indicates an acceptable level of radio signal to provide effective firefighter communications.

Signature: _____

Date: _____

Title: _____