



Seattle Fire Marshal's Office  
220 3<sup>rd</sup> Avenue South, 2<sup>nd</sup> Floor  
Seattle, WA 98104  
(206) 386-1443  
[sfd\\_fmo\\_engineering@seattle.gov](mailto:sfd_fmo_engineering@seattle.gov)

**RADIO COVERAGE SIGNAL  
STRENGTH ASSESSMENT FORM**  
SFC 510.1 (Exception #1)

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

☐ Coverage meets code requirements throughout the building ☐ Coverage does not meet code requirements in part or all of the building

☐ Tested to PSERN Towers (Optional starting 1/1/2023, required starting 2/1/2023)

☐ Tested to KCERS Towers (Not allowed for projects coming online after 2/22/2023)

Use this form to document that a building (or portions of a building) have adequate public safety radio 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: ☐ Yes ☐ 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: \_\_\_\_\_

#### Pass

The entire building in its current configuration provides adequate PSERN or KCERS signal coverage in 90% of all areas of each floor of the building and 99% of the area of critical areas, where coverage requirements are defined in 2018 Seattle Fire Code 510.4.1.

☐ Yes

☐ No

#### Partial Pass

The following portions of the building in the current configuration provide adequate PSERN or KCERS signal coverage and should not need any additional DAS infrastructure (include descriptors such as directional, floor, wing):

☐ Yes

☐ No

The following portions of the building do not provide adequate PSERN or KCERS signal coverage and will need additional DAS infrastructure to improve signal strength and meet fire code requirements (include descriptors such as directional, floor, wing):

#### Fail

The building area provides inadequate PSERN or KCERS signal coverage and will need additional DAS infrastructure to improve signal strength and meet fire code requirements.

Notes:

☐ Yes

☐ No

### 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.

☐ Yes

☐ No

4.2 Copy of General Radiotelephone Operator's License for technician listed in section 2.2 above.

☐ Yes

☐ 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.

☐ Yes

☐ No

### SECTION 5 ATTESTATION

By accepting this statement I, the FCC-licensed technician shown on this form, certify that I have properly assessed radio signal strength following NFPA and SFC 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 SFC 510.4.1.

☐ Yes

☐ No

### SIGNATURE

Signature of Technician \_\_\_\_\_

Date \_\_\_\_\_

#### INSTRUCTIONS FOR SUBMITTING THIS FORM TO SFD

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 form to [SFD\\_FMO\\_engineering@seattle.gov](mailto:SFD_FMO_engineering@seattle.gov) at least 48 hours in advance of your SFD building final inspection to facilitate inspection scheduling and passing result. We recommend emailing forms to SFD as soon as they are available.