

# Public safety bi-directional Amplifier service Validation

## Site information

|  |  |
| --- | --- |
| Site Code: |  |
| Date: |  |
| Building Address: |  |
| Building Point of Contact Name |  |
| Building Point of Contact Email |  |
| Building Point of Contact Phone |  |

## Comments

## Plan for Improvement If Applicable

## Validation Results

**PASS FAIL**

## Signatures

By signing this form, you confirm that the Bi-Directional Amplifier (BDA) providing coverage for the District of Columbia Public Safety frequencies in that building provides satisfactory coverage and quality of service.

Fire and Emergency Medical Services Representative’s Name (PRINT)

|  |  |
| --- | --- |
|  Fire and Emergency Medical Services Representative’s Signature | Date |
| *Office of Unified Communications Representative’s Name (PRINT)* |  |
| Office of Unified Communications Representative’s Signature | Date |