

5th District Tactical Interoperable Communication Work Sheet

Agency Name _____
Address _____

Check this box if you do not have any other radio system other than MPSCS (800 MHz)

Agency Point of Contact

Name _____
Title/Role _____
Phone # _____
Email Address _____

Radio Service Provider: _____

For example a township or city owned channel, Public works, Fire, Police or Admin ect...

other than MPSCS

Specific Channels	Channel 1	Channel 2	Channel 3	Channel 4	Channel 5	Channel 6	Channel 7	Channel 8	Channel 9	Channel 10	Add more as needed
Channel Name	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Tx/Rx/	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Channel guard ID	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	
Call Sign	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	

For example: if you have a radio tower on your station or another building that you own or use for your radio system

Radio System Tower	
Tower/Site Name	_____
Tower/Site Owner	_____
Tower/Site Address	_____
Latitude/Longitude	_____
Structure Type	_____ (building, tower-guyed, water tower, etc)
Ground Elevation (m)	_____ in meters
Tower Height (m)	_____ in meters
Receive Only?	_____ (Yes/No)
Room for more antennas	_____ (Yes/No)

Notes on Tower/Site _____

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Base Station or Repeater

Tower/Site Name _____ Channel name _____ Call Sign _____ Manufacturer _____ Model _____ RBS Type _____ (repeater, base station, control station) Antenna Height (m) _____ Antenna Type _____ (directional, omni-directional) RBS - power (watts) _____ (ie: 110 watts) RBS - ERP (watts) _____ _____	Add more as needed
Tower/Site Name _____ Channel name _____ Call Sign _____ Manufacturer _____ Model _____ RBS Type _____ (repeater, base station, control station) Antenna Height (m) _____ Antenna Type _____ (directional, omni-directional) RBS - power (watts) _____ RBS - ERP (watts) _____ _____	Add more as needed
Tower/Site Name _____ Channel name _____ Call Sign _____ Manufacturer _____ Model _____ RBS Type _____ (repeater, base station, control station) Antenna Height (m) _____ Antenna Type _____ (directional, omni-directional) RBS - power (watts) _____ RBS - ERP (watts) _____ _____	Add more as needed

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Radio stock pile ? Does your department have a cache of radios that could be borrowed incase of emergency?

Radio stock pile Name	<input style="width: 100%;" type="text"/>				
Owning/Responsible agency	<input style="width: 100%;" type="text"/>				
Point-of-Contact (POC)					
Name	<input style="width: 100%;" type="text"/>				
Title/Role	<input style="width: 100%;" type="text"/>				
Phone No.	<input style="width: 100%;" type="text"/>				
Email address	<input style="width: 100%;" type="text"/>				
Make/Model of radios	<input style="width: 100%;" type="text"/>				
Address (storage location)	<input style="width: 100%;" type="text"/>				
Frequency Band	<input style="width: 100%;" type="text"/> (700/800/UHF/VHF)				
Number of radios	<input style="width: 100%;" type="text"/>				
Number of programmable channels	<input style="width: 100%;" type="text"/>				
Number of spare batteries	<input style="width: 100%;" type="text"/>				
Radio Service area	<input style="width: 100%;" type="text"/>				
Notes on Radio Cache	<input style="width: 100%;" type="text"/>				
Radio stock pile Channels	Chan 1	Chan 2	Chan 3	Chan 4	
Tx freq	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Add more as needed
Tx Tone/Channel Guard	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Rx freq	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Rx Tone/Channel Guard	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Channel Name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

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Agency Radios (Mobile & Portable)

Radio Make	<input type="text"/>
Radio Model	<input type="text"/>
UHF/VHF/800	<input type="text"/>
Number of Radios	<input type="text"/>
Year Purchased if known	<input type="text"/>

Radio Make	<input type="text"/>
Radio Model	<input type="text"/>
UHF/VHF/800	<input type="text"/>
Number of Radios	<input type="text"/>
Year Purchased if known	<input type="text"/>

Radio Make	<input type="text"/>
Radio Model	<input type="text"/>
UHF/VHF/800	<input type="text"/>
Number of Radios	<input type="text"/>
Year Purchased if known	<input type="text"/>

Radio Make	<input type="text"/>
Radio Model	<input type="text"/>
UHF/VHF/800	<input type="text"/>
Number of Radios	<input type="text"/>
Year Purchased if known	<input type="text"/>

Radio Make	<input type="text"/>
Radio Model	<input type="text"/>
UHF/VHF/800	<input type="text"/>
Number of Radios	<input type="text"/>
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Radio Make	<input type="text"/>
Radio Model	<input type="text"/>
UHF/VHF/800	<input type="text"/>
Number of Radios	<input type="text"/>
Year Purchased if known	<input type="text"/>

Radio Make	<input type="text"/>
Radio Model	<input type="text"/>
UHF/VHF/800	<input type="text"/>
Number of Radios	<input type="text"/>
Year Purchased if known	<input type="text"/>

Radio Make	<input type="text"/>
Radio Model	<input type="text"/>
UHF/VHF/800	<input type="text"/>
Number of Radios	<input type="text"/>
Year Purchased if known	<input type="text"/>

Radio Make	<input type="text"/>
Radio Model	<input type="text"/>
UHF/VHF/800	<input type="text"/>
Number of Radios	<input type="text"/>
Year Purchased if known	<input type="text"/>

Comments: _____

Questions: (Contact Information)