

This form is intended to assist in collecting information and feedback that will be used in the countywide communications systems interoperability study

Date Survey completed: _____

Radio System Subscriber Group Survey Form

<u>Information</u>	<u>To be filled in by each organization (Police, Fire, EMS, etc.)</u>	
Organization:		
Contact Person:		
Organization Address:		
Phone Number:		
E-mail (if available):		
Location in County:	__ N-W	__ S-W __ Central __ N-E __ S-E
Circle major use of County Radio System	<input type="checkbox"/> Sheriff <input type="checkbox"/> Highway	<input type="checkbox"/> Local Govt. <input type="checkbox"/> Other
Primary freq./channel (**Please attach copies of FCC licenses if available)	(Ex. XX County Sheriff Main Dispatch: 155.595)	
If other frequencies are used by your organization, please list frequency and frequency owner (license holder) if known for each: (Attach additional sheets or add information on reverse side as necessary)	Frequency	License holder

Please provide an inventory of radio equipment in use by your organization. This should include any base stations/transmitters, consoles, mobile radios, portable radios, MDTs. (Your radio shop may be able to help you complete this page.)

Manufacturer	Model	Quantity	List frequencies/channels currently programmed in equipment

Other Information:

Who handles your radio equipment installation and maintenance issues? (Provide contact information.)

Are any of your radios at capacity as far as number of available channels/frequencies that can be programmed is concerned? If yes, provide details.

Do any of your radios have digital capabilities? If yes, provide details.

Is any of your equipment narrow band? If yes, provide details.

Interoperability Gaps and Issues

For the purpose of this survey, interoperability means the ability of your agency to communicate with other agencies that you work with using your portable and mobile radios. Please provide details of instances or circumstances where your personnel are unable to communicate with other agencies who you work with. Be as specific as possible. Add additional sheets if necessary. Two examples follow:

Example 1 - "Our service area goes into xxx county, and we are unable to talk with xxx Dept. with our portables (and/or) mobiles when we are in xxx . We have their frequency in our radios, so I think that this is a coverage problem." (If you can attach a simple map showing the problem area that would be helpful.)

Example 2 - "When our personnel work with xxx, we are unable to communicate with them because we do not have each other's frequencies."