



RADIO SITE SURVEY REPORT

General Location Information			
Location:			
Commission Number:	Contract Number:	Project Des Number:	
Date of Survey:	Weather Conditions:	Equipment Used:	
Location of Master Controller:			
Radio Survey Information			
Radio Configuration:	Master:	Repeater:	Remote:
Was a Spectrum Analyzer used? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Personnel in Attendance:			
Instruction: Primary Hop Patterns #1 and #2 are required if this is a repeater location.			
1. Primary Hop Pattern #1:			
2. Primary Hop Pattern #2:			
Recommended antenna location:			
Recommended location and orientation of antenna: <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Horizontal			Pointing:
Distance from pole on mast arm:			Length:
Mounting:	<input type="checkbox"/> Standard Bracket		<input type="checkbox"/> Truss Arm
Communications Test	No. of Polls:	% Successful:	
Base Unit Signal Strength:		Mobile Unit Signal Strength:	
Comments:			
Radio Site Surveyor Signature:			

Figure 77-6A – Radio Site Survey Report Form

Send Copies To:
 District Traffic Engineer
 Project Manger