

Fire Marshal's Office



Plan Review

Emergency Communications System(s) (RADIO)¹

Job Name: _____
 Address: _____ Bldgs. _____ Suite: _____
 City: _____ Zip: _____
 Responsible Party: _____ Phone: _____
 Email: _____

GENERAL INFORMATION:

Area of Building: _____ Number of Stories _____
 Occupancy Type: _____ Construction Type _____
 Radio System Type: BDA N DAS N Radiating Cable: Y N
 Radio Donor Site _____ Number of Remote Amplifiers _____

✓ = Pass, X = Fail, NA = Not applicable

Status

DRAWING SUBMITTAL REQUIREMENTS

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| 1) Plans shall be clearly labeled and legible. | |
| 2) Plans shall include a single line wiring diagram including cable type. | |
| 3) Plans shall include a title sheet with full specifications and system operational description. | |
| 4) Manufacturers specifications and cut sheets shall be included with plans. | |
| 5) Plans shall include a vicinity map which includes Cobb County system towers and building latitude and longitude. | |
| 6) Plans shall include details of system supervision and central station monitoring per IFC 510.4.2.4(3). Monitoring by the FACP is the preferred method. Signals shall be supervisory. | |
| 7) Plans shall show a grid pattern for each level, not less than 20 grids per floor. Floors greater than 32,000 sf shall utilize a maximum 40-ft x 40-ft grid. | |
| 8) Floor plans for each level (basement included) must show anticipated signal levels in each grid. | |
| 9) Plans shall indicate the location of all system components. | |
| 10) Plans shall identify critical areas as defined in NFPA 72, 24.5.2.2.1 | |
| 11) Location and anticipated talk-in signal level at the closest Cobb tower site (-95dBm required) | |
| 12) All critical areas -as defined in NFPA 72- SHALL BE COVERED WITH A MINIMUM OF -95dBm, show anticipated signal coverage in each area for talk-in and talk-out. | |
| 13) Shall be capable of transmitting all Cobb 7/800 MHz frequencies and modulation technologies | |
| 14) All system electronics shall be enclosed in NEMA 4 cabinet, batteries must be separate or utilize a sound engineered design. Separate battery cabinets -when using sealed batteries- are not required to be NEMA 4 compliant. | |
| 15) Two independent power supplies shall be provided; secondary supply must provide a 24-hr supply at 100% of maximum current draw (show calculations). When using an NFPA 110 emergency generator a minimum of 8-hours run-time is required. | |
| 16) Dedicated monitoring panel provided in fire command center (If there is a command center) | |
| 17) Annual testing is required per IFC 510. All submissions shall include a proposal between the owner and an approved testing agency for annual testing, inspection and re-certification. Building owners must acknowledge the necessity of annual testing by means of a written statement scanned onto the plan set. | |
| 18) System acceptance and testing criteria shall be provided for review and approval. | |
| 19) System certification shall be provided and shall include a complete catalog of all tests and signal levels achieved after installation. | |
| 20) Complete system acceptance testing documentation shall be kept on site in a document box located at the BDA cabinet. | |
| 21) Adequate means to protect all fire rated penetrations shall be detailed in the plan set | |
| 22) All cables shall be documented to be rated for their respective use, plenum, riser etc. | |
| 23) ERRC Designs shall bear both a FCC General Radio License and Low Voltage License credentials and signatures. Original signatures are required on the cover page of all plan sets. | |
| 24) Provide the FCC General Radio License for the lead installation technician. All ERRC installations require a Low-Voltage Permit through the applicable permit office. | |

1.) The above is not an all-inclusive list; all applicable fire and life safety provisions must be met. Cobb County reserves the right to order the disconnection and/or disconsolation of any system that fails to perform or causes interference, harmful or otherwise to any Cobb County Communications system.

Reviewer: _____ Date: _____