

**FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON, D.C. 20554**

**BASIC SIGNAL LEAKAGE PERFORMANCE REPORT  
FORM 320**

Note: FCC Privacy Act and Paperwork Reduction Act statements are at the end of the FCC Form 320 Instructions.

**SECTION I -- GENERAL INFORMATION**

- (1) Cable System Owner: \_\_\_\_\_  
 Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 (City) (State) (ZIP)
- (2) Community Served: \_\_\_\_\_  
 (3) Community Unit No.: \_\_\_\_\_ (4) Physical System Id: \_\_\_\_\_

**SECTION II -- LOCAL SYSTEM INFORMATION**

- (1) Person(s) Responsible for the report:  
 Name: \_\_\_\_\_  
 (Last) (First) (M)  
 Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 (City) (State) (ZIP)
- (2) Are aeronautical frequencies (i.e., 108-137 or 225-400 MHz) used by this cable television system?  
 Yes:  No:
- (a) If No, complete Section IV below and return to FCC.  
 (b) If Yes, attach as Exhibit A all precisely offsetted aeronautical frequencies used by this Community Unit.
- (3) TEST RESULTS: CLI: 10logIoo: \_\_\_\_.  
 Airspace: Passed:  10LogI3000: \_\_\_\_.  
 Failed:

**SECTION III -- LEAKAGE PERFORMANCE CRITERIA**

For operators conducting measurements on a geographical areas that contain more than one Community Unit,(e.g., headends that serve more than one community unit) fill in the measurement information below. NOTE: The submission of the accompanying exhibits, either B or C, may be incorporated by reference to another Community unit filing that had undergone the same measurement tests as this Community Unit. That Community Unit must be identified by its Community Unit Code Number in response to Question (2) or (4) below.

- (1) GROUND-BASED MEASUREMENTS: (if used)  
 (a) Person(s) Responsible for the test:  
 Name: \_\_\_\_\_  
 (Last) (First) (M)  
 Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_  
 (b) Miles of plant tested & % of total plant tested: \_\_\_\_\_ m; \_\_\_\_\_ %

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## SECTION III -- LEAKAGE PERFORMANCE CRITERIA

(Continued)

(C) Time period of the test: From :     /     /     TO:     /     /      
(MM /DD/YR) (MM /DD/YR)

(d) Equipment Used : \_\_\_\_\_ (MHz)  
(Make) (Model) (Test Frequency)

(e) Attach as **Exhibit B**, the CLI calculation & Result including all parameters used.  
(Identify in this Exhibit all leaks  $\geq 50$  uV/m, and show their repaired dates, if any)

(2) If Exhibit B is incorporated by reference, provide the community Unit No. \_\_\_\_\_ of the Form 320 with which Exhibit B was filed.

### (3) AIRSPACE MEASUREMENTS: (if used)

(a) Person / Company Responsible for the test:  
Name : \_\_\_\_\_  
(Last, First, M, or Company Name)

Phone Number : (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

(b) Dates of Test-From:     /     /     To:     /     /      
(MM /DD/YR) (MM /DD/YR)

Test Freq. : \_\_\_\_\_ (MHz)

(c) Attach as **Exhibit C**, a full description of the test procedure, a list of the equipment used for the airspace measurements and a detailed description of the area covered by these airspace measurements.  
(Set forth in this Exhibit all leaks detected during these airspace measurements that were subsequently repaired and their repair dates, if any.)

(d) Recorded data and its analysis:

- (i) If analog recordings, include in **Exhibit C**, a graph of the results and indicate the value of the smoothed out peak values \_\_\_\_\_ uV/m.
- (ii) If digitized recordings, include in **Exhibit C**, a plot of the results and indicate % of point recorded digitally below 10 uV/m : \_\_\_\_\_ %

(4) If Exhibit C is incorporated by reference, provide the community Unit No. \_\_\_\_\_ of the form 320 which Exhibit C was filed.

## SECTION IV -- CERTIFICATION

By signing below the operator certifies that in the case of an individual operator, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21, U. S. C. 862, or in the case of a non-individual operator (e. g. corporation, partnership, or other unincorporated association), no party to the operator is subject to a denial of federal benefit that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR, Section 1.2002(b).

I certify that I am \_\_\_\_\_ (Official Title), of \_\_\_\_\_ (Legal Name of cable System Owner), that I have examined this Report and that, to the best of my knowledge and belief, all statements in this report are true, correct and complete, and are made in good faith.

\_\_\_\_\_, (Signature) \_\_\_\_\_, 20\_\_ (Date).

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, §1001) AND/OR REVOCATION OF ANY STATION LICENSE (U.S. CODE, TITLE 47, §312(A)(1)), AND OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).