

Radio System Definition Page (top half)

~~FOR OFFICIAL USE ONLY~~

REPORT LIMIT VIEW VERIFY

Radio System POCs: 0 Agency Usage: 2 Channels: 6 Channel Agency Usage: 5 Talk Groups: 3 Talk Group Agency Usage: 2 Towers: 4 Transceivers: 8 Comm Sites: 4 Media: 0

Radio System

Last modified: 09/26/2018 by Jeff Lee
Details last verified: 09/19/2018 by Dev ICTAP
Verification status: Verified 09/18/2018

Naming Convention: Enter the common name for the radio system, or combine the name of the Agency/Organization primarily responsible for the radio system with the frequency band it utilizes. Choose a name that others will recognize. **Examples:** MyCounty 800MHz Trunked, TriCity UHF System

Radio System Name: *

Owner / Responsible Agency: *

County of origin: *

24/7 Phone:

Owning Agency's Use Of System

Primary Communications System: Yes No Unknown

No. of Mobile Radios:

No. of Portable Radios:

Notes on your Agency's Use:

Radio System Definition

Make:

Model:

System Type: Conventional Trunked Both Unknown

Trunking Kind:

Software Version:

Frequency Bands: *

P25 Compliance: None P25 P1 P25 P2 Unknown

* Required Fields



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Frequency Bands: *

P25 Compliance: None P25 P1 P25 P2 Unknown

No. of Channels:

No. of Radios:

No. of Users:

Year Installed: Select The Year... ▼

Capacity: %

Repeated Or Simplex: Repeated Simplex Both Unknown

Analog Or Digital: Analog Digital Mixed Unknown

Wideband Or Narrowband: Both Narrowband Wideband Unknown

Voted: Yes No Unknown

Simulcast: Yes No Unknown

Encryption Supported: Yes No Unknown

ISSI Installed: Yes No Unknown

Counties Where The Radio System Is Used: * Select Counties

Describe The Service Area:

Notes On Radio System Funding:

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COMU Attendee Form (Person Definition) (top half)

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COMU Media: 0

Edit an Attendee

Last modified: 09/25/2018 by Jeff Lee

Instructions: Use this page to update details.

Last Name: *

First Name:

Middle Initial:

Suffix:

Title:(eg: Capt., Lt., Sgt., etc.):

Company/Organization Name:

Department:

Job Title: (eg: Info Specialist, etc.):

Amateur Radio License Type: Technician General Advanced Extra None

Callsign:

Address:

Select Format: Degrees Decimal

Latitude:

Longitude:

Organization: *

Email: *

24/7 Phone:

Office Phone:

Cell:

Fax:

Pager:

Active:

* Required Fields



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COMU Attendee Form (Person Definition) (bottom half)

~~FOR OFFICIAL USE ONLY~~

COMU Media: 0

Edit an Attendee

Last modified: 09/25/2018 by Jeff Lee

Cell:
Fax:
Pager:
Active:
Hide On Map:

COMU Positions Held:

Position	Status	Status Date	Exp Date	Deploy Area	Class City	Class Date
COML	Trainee	02/19/2013	<input type="text"/>	Select Type		
AUXCOMM	Trainee	06/14/2014	<input type="text"/>	Select Type		<input type="text"/>
COMT	Trainee	05/18/2015	<input type="text"/>	Select Type		<input type="text"/>

Other Positions Held:

Position

Add Other Position(s):

- THSP
- COMC
- SWIC
- Alt SWIC

Agency Affiliation:

POC for the Following... (1)

Column Visibility Search All:

Poc Type	Primary	For...
OEC Staff	Yes	Office of Emergency Comms
Poc Type	Primary	For...

Showing 1 to 1 of 1 entries at 100 entries per page

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* Required Fields



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