

**CASM
MOBILE COMMUNICATIONS ASSET
ENTRY FORM**



ASSET NAME:

ASSET TYPE:

Explain Platform:

OWNER/AGENCY:

STORAGE ADDRESS:

STORAGE COUNTY:

LATITUDE:

LONGITUDE:

24/7 PHONE:

Time (hrs.) from request to en-route:

POINT OF CONTACT 1:

PHONE:

POINT OF CONTACT 2:

PHONE:

MAKE/MODEL:

MOBILITY:

RADIO SYSTEM TYPE:

FREQUENCY BAND (s):

REPEATED:

FREQUENCY BAND (s):

REPEATED:

FREQUENCY BAND (s):

REPEATED:

IF 700 MHz, using State Licensed Channels:

Please explain in detail your assets capabilities for better accuracy in reporting.

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TYPE OF POWER SOURCE REQ'D:

TRANSMITTER POWER OUTPUT (Watts):

STATION/CHANNEL CAPACITY:

MODE:

P25:

If Digital, but not P25:

Manufacturer:

Current Platform:

ENCRYPTION CAPABLE:

TYPE:

DESCRIBE EQUIPMENT SHELTER FOR SYSTEM:

REPROGRAMMABLE DURING DEPLOYMENT:

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TOWER INCLUDED:

Type:

Height:

Wind Rating:

When are stabilizers used:

Stabilizers Included:

Guy Wires Req'd:

Setup Footprint:

Method to raise:

ANTENNA AND FEED-LINE INCLUDED:

Antenna Type:

Connector Type:

MICROWAVE RADIO CAPABLE:

Band:

Linked to other Systems:

SELF CONTAINED POWER SYSTEM:

Generator Output:

Fuel Type:

Capacity:

Run Time:

SHORE POWER CIRCUITS:

Input Voltage:

Input Amps:

Input NEMA connector Type:

Cables Included:

System End NEMA Connector Type:

Shore End NEMA Connector Type:

Describe Connector Convertors needed:

Generator Fail-Over:

Operation Hrs. on Fail-Over:

CONTAINER TYPE:

WEIGHT:

LENGTH:

TRANSPORT METHOD:

Recommended Tow Vehicle:

Trailer Tongue Type:

No. Personnel Req'd for Setup:

Setup Time Required:

Communications/THSP Support Staff Available: