

**INSPECTION REPORT FOR RADIO DEALER**

Date Inspected : \_\_\_\_\_

- 1 Name of Dealer : \_\_\_\_\_
- 2 Business Address : \_\_\_\_\_
- 3 Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_
- 4 Permit No.: \_\_\_\_\_ Expiry Date : \_\_\_\_\_
- 5 Supervising ECE :

Name	License No.	Expiry Date	PTR No.	Date Issued

- 6 Technicians :

Name	Particulars of License	Expiry Date

- 7 List of Diagnostic/Test Equipment and Measuring Instrument

<input type="checkbox"/>	Reflectometer w/ ranges covering HF & UHF Bands.
<input type="checkbox"/>	Frequency Counter HF & UHF Bands.
<input type="checkbox"/>	RF Power Meter.
<input type="checkbox"/>	VTVM or Digital Multimeter.
<input type="checkbox"/>	RF & AF Signal Generator capable of emitting 0.1uv to 5v across all frequency range.
<input type="checkbox"/>	Oscilloscope with RF probes.
<input type="checkbox"/>	VOM or digital multimeter
<input type="checkbox"/>	Dummy Load Antenna

- 8 Is the laboratory room shielded ? \_\_\_\_\_

- 9 REMARK/S :

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Radio Regulation Inspector(s)

This is to certify that the Enforcement Representative(s) of NTC-10 Regional Office conducted the inspection in proper manner and there was no form of harassment nor threat made by them to effect the inspection in this radio dealer and that the above findings/remarks as entries are true and correct.

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Owner/Manager/Representative

- 10 RECOMMENDATION :

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Regional Director