



SYSTEM ACCEPTANCE AND AUTHORIZATION FORM

FOR CLOUD/DATA CENTER CPE SOLUTION

This document shall be used by the PSAP to validate the 9-1-1 system solution (equipment, software and all functionality) is acceptable.

All verification is to be completed by the PSAP authorized representative.

Requirement	PSAP Initial
System Physical Requirements	
Uninterruptable Power Supply	
Integration Device	
Routers	
Workstation Physical Requirements	
Keyboard	
Mouse	
Keyboard Arbitrator	
Keypad Dialer	
Monitor/Thin Client	
IP Phone Set (if purchased)	
Audio Integration Device	
Interconnectivity	
PNSP/RNSP Network Connections	
Peripheral Equipment Connections	
Peripheral Equipment Interfaces (CAD Spill, etc.)	
NG9-1-1 Trunk and Admin/Business Line Interfaces	
System Features/Functionality	
Basic Telephony Functionality	
Audio Quality	
9-1-1 Caller Information Display	
NENA i3 Location Information	
Misroute Reporting	
Abandoned Call Detail	
Internal Time Synchronization	
Non 9-1-1 Caller I.D.	
Wireless ALI – FCC 94-102 – Phase I and Phase II	
Complete Call Progress Detection	
Abandoned Call Redial	
Automatic Callback	
Supplemental Data (IOT)	
Text-to-911/Text-from-911	
GIS Display/Interface	
Barge-In	
Instant Recall Recorder	



STAND ALONE CPE SYSTEM ACCEPTANCE & AUTHORIZATION

OES-PSC-284 (Rev. 10-2022)



Audio/Video Logging Recorder	
Headset/Handset Interface	
Inbound/Outbound Volume Control for Headset/Handset	
Call Status Indication (ringing, answered or both)	
One Button Transfer	
Call Detail Records	
Call Detail Record (CDR)	

Minor Discrepancies:

Tracking #: _____ Approved Amount: \$_____

As the authorized representative of:

_____ (PSAP name),

I hereby acknowledge receipt, installation and satisfactory performance of the service and/or equipment. If minor discrepancies exist, but do not keep the equipment from performing in accordance with the contracted terms and conditions, these discrepancies are noted above.

AUTHORIZED BY:

Signature Date

Printed/Typed Name Title

IMMEDIATELY AFTER ACCEPTANCE:

Submit form, signed by the PSAP authorized representative to the Contractor and submit a copy to the CA 9-1-1 Branch