

Case Reporting Requirements

All fields must be completed. Incomplete forms will be returned

<u>NAME OF LICENSEE</u>	
<u>ADDRESS</u>	
<u>PHONE NUMBER</u>	
<u>EMAIL ADDRESS</u>	
<u>NAME OF PERSON REPORTING INTERFERENCE</u>	

CASE DETAILS

LICENCE NUMBER OF AFFECTED SERVICE	
DATE OF FIRST OCCURRENCE OF INTERFERENCE	
REGULARITY OF INTERFERENCE (Constant or Intermittent)	
FREQUENCY OF INTERFERING SIGNAL (MHz)	
MEASURED LEVEL (dBm)	
POLARISATION	
BANDWIDTH OF INTERFERING SIGNAL (MHz)	
LOCATION OF APPARATUS EXPERIENCING INTERFERENCE – EASTING AND NORTHING OR EIRCODE	
NUMBER OF BASE STATIONS EXPERIENCING INTERFERENCE (If multiple base stations are affected please provide the co-ordinates of the worst affect base station)	
HAS THE INTERFERENCE RESULTED IN A COMPLETE LOSS OF SERVICE?	
WHAT WORK HAS BEEN DONE BY YOU TO RULE OUT AN INTERNAL FAULT IN YOUR SYSTEM?	

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PLEASE ATTACH DOCUMENTARY EVIDENCE TO SUPPORT THIS	
DO YOU SUSPECT THE SOURCE OF INTERFERENCE TO BE COMING FROM ANY SPECIFIC LOCATION OR SOURCE? IF YES WHAT PROACTIVE STEPS HAVE BEEN TAKEN BY YOU TO MITIGATE OR REMEDY SAME	
PLEASE PROVIDE A SCREENSHOT SHOWING THE INTERFERENCE HAPPENING IF YOU CANNOT PLEASE STATE WHY.	
NUMBER OF USERS AFFECTED (WHERE APPLICABLE)	
ANY OTHER RELEVANT INFORMATION	