



**TEST PLAN - PRODUCT DETAILS FOR TESTING SERVICES**  
*(applicable for RFEMCT only)*

TESTING SERVICES DEPT.

Form No: TCQS/FOR/01-6

Issue No. : 3 Rev : 0

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**A. CUSTOMER PARTICULAR**

Company Name

.....

Company Address

.....

.....

.....

|                  |   |       |           |   |       |
|------------------|---|-------|-----------|---|-------|
| Business Reg.    | : | ..... | Fax       | : | ..... |
| Contact Person 1 | : | ..... | Email     | : | ..... |
| Contact Person 2 | : | ..... | Telephone | : | ..... |

**B. MANUFACTURER PARTICULAR**

Company Name

.....

Company Address

.....

.....

.....

|                  |   |       |           |   |       |
|------------------|---|-------|-----------|---|-------|
| Business Reg.    | : | ..... | Fax       | : | ..... |
| Contact Person 1 | : | ..... | Email     | : | ..... |
| Contact Person 2 | : | ..... | Telephone | : | ..... |

Note: Information is required if Applicant and Manufacturer are different.

**C. PRODUCT INFORMATION**

Product : .....

Brand(s) : .....

Model : .....

Rating:

|                    |   |       |               |   |       |
|--------------------|---|-------|---------------|---|-------|
| a) Voltage         | : | ..... | b) Frequency: | : | ..... |
| c) Power           | : | ..... | d) Phase      | : | ..... |
| e) Size and Weight | : | ..... |               |   |       |

Operating Condition:

|                   |   |       |
|-------------------|---|-------|
| a) Test Mode      | : | ..... |
| b) Voltage(s)     | : | ..... |
| c) Frequency(ies) | : | ..... |

Note: Please provide Product Declaration/ Technical Specification/ Product Brochure (applicable for RF Laboratory only)



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**D. TEST INFORMATION**

**1. TYPE OF TEST**

Full Compliance

Verification Test

Pre Compliance

**2. LABORATORY**

RF Testing (Please complete Section D)

EMC Testing (Please complete Section E)

**3. IF FAILURE OCCURS, RFEMCT SHOULD**

Call contact list above, if not available then stop testing

Continue testing to complete test series

**E. RF TESTING DETAILS**

**1. PRODUCT SPECIFICATION**

Reference Standard:

MCMC MTSFB TC T007:2014 (SRD)

SKMM WTS BWA

SKMM WTS GSM-MT

SKMM WTS IMT-MT

MCMC MTSFB TC T012:2014 (LMR)

(Please complete ATTACHMENT A)

Channel Spacing

12.5 kHz

25 kHz

SKMM MTSFB TC T001:2013 (PSTN)

SKMM MTSFB TC T002:2013 (ACLIP)

SKMM MTSFB TC T003:2013 (PABX)

SKMM MTSFB TC T004:2013 (DTTV)

SKMM WTS CTS

Other

(please specify): .....



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**2. CATEGORY EQUIPMENT**

**i. CELLULAR REPEATER EQUIPMENT:**

N/A

- GSM 900
- GSM 1800
- LTE (Please Specify): .....

- WCDMA Band I (900 MHz)
- WCDMA Band VIII (2100 MHz)

**ii. CELLULAR EQUIPMENT/ DATA MODE:**

N/A

- GSM 900/1800
- LTE (Please Specify): .....

- WCDMA Band I (900 MHz)
- WCDMA Band VIII (2100 MHz)

Additional Sim Card:  Yes  No

**iii. TELEPHONY EQUIPMENT**

N/A

- a) Dialling Mode:  Dual Tone Multi Frequency  Decadic Pulse
- b) Caller ID:  Yes  No
- Type of Caller ID:  ON HOOK  OFF HOOK
- c) Additional Handset:  Yes  No

**iv. SHORT RANGE COMMUNICATION**

N/A

- a)  Bluetooth  
RF Power Output (dBm):.....
- b)  RFID
  - 13.5530 to 13.5670 MHz Power Output (dBm):.....
  - 433 to 435 MHz Power Output (dBm):.....
  - 869 to 870 MHz Power Output (dBm):.....
  - 919 to 923 MHz Power Output (dBm):.....
  - 2400 to 2500 MHz Power Output (dBm):.....
- c)  802.11a
  - 5150 to 5350 MHz Power Output (dBm):.....
  - 5470 to 5650 MHz Power Output (dBm):.....
  - 5725 to 5875 MHz Power Output (dBm):.....
- d)  802.11b  
Power Output (dBm):.....
- e)  802.11g  
Power Output (dBm):.....
- f)  802.11n
  - 2400 to 2500 MHz Power Output (dBm):.....
  - 5150 to 5350 MHz Power Output (dBm):.....
  - 5470 to 5650 MHz Power Output (dBm):.....
  - 5725 to 5875 MHz Power Output (dBm):.....
- g)  802.11ac
  - 5150 to 5350 MHz Power Output (dBm):.....
  - 5470 to 5650 MHz Power Output (dBm):.....
  - 5725 to 5875 MHz Power Output (dBm):.....

**v. OTHER RADIO EQUIPMENT**

N/A

Operating Frequency:.....  
RF Power Output (dBm): .....



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**F. EMC TESTING DETAILS**

**1. REFERENCE STANDARD**

**BASIC STANDARD:**

**Emission:**

- IEC 61000-3-2/EN 61000-3-2
- IEC 61000-3-3/EN 61000-3-3
- IEC 61000-3-12/BS EN 61000-12
- IEC 61000-3-11/BS EN 61000-11
- ETSI EN 301 489-1
- IEC 62233/EN62233
- IEC 62493/EN62493
- Other (Please Specify)  
.....  
.....

**Immunity:**

- IEC 61000-4-2/EN 61000-4-2
- IEC 61000-4-3/EN 61000-4-3
- IEC 61000-4-4/EN 61000-4-4
- IEC 61000-4-5/EN 61000-4-5
- IEC 61000-4-6/EN 61000-4-6
- IEC 61000-4-8/EN 61000-4-8
- IEC 61000-4-9
- IEC 61000-4-11/EN 61000-4-11
- IEC 61000-4-12
- IEC 61000-4-18
- IEC 61000-4-17
- IEC 61000-4-29
- Other (Please Specify)  
.....  
.....

**PRODUCT STANDARD**

**Emission:**

- CISPR 11/EN55011/BS EN 55011/AS/NZS CISPR 11
- CISPR 12/EN 55012/BS EN 55012
- CISPR 13/EN 55013/BS EN 55013/AS/NZS CISPR 13
- CISPR 14-1/EN55014-1/BS EN 55014-1/AS/NZS CISPR 14.1
- CISPR 15/EN 55015/BS EN 55015/AS/NZS CISPR 15
- CISPR 22/EN 55022/BS EN 55022/AS/NZS CISPR 22
- CISPR 32/EN 55032/BS EN 55032/AS/NZS CISPR 32
- CISPR 25/BS EN 55025
- FCC Part 15 Subpart B Section.....  
& ANSI C63.4
- FCC Part 18 & ANSI C63.4
- FCC MP-5 & ANSI C63.4
- MS 2413-1
- ETSI EN 301 489-3
- ETSI EN 301 489-7
- ETSI EN 301 489-17
- ETSI EN 301 489-24
- SKMM MTSFB TC T001
- SKMM WTS GSM-MT
- MCMC MTSFB TC T010
- MCMC MTSFB TC T012
- IEC 61000-6-3
- IEC 61000-6-4
- BS EN 50121-4
- BS EN 50121-3-2
- BS EN 50121-5
- Other (Please Specify)  
.....  
.....

**Immunity:**

- BS EN 50121-4
- BS EN 50121-3-2
- BS EN 50121-5
- MS 2413-1
- IEC 61000-6-1
- IEC 61000-6-2
- IEC 60601-1-2
- CISPR 14-2/EN55014-2
- CISPR 20/EN55020/BS EN 55020
- CISPR 24/EN55024/BS EN 55024
- CISPR 35/EN55035/BS EN 55035
- ISO 11451-2
- ISO 11452-2
- ISO 11452-4
- ISO 7637-2
- ISO 7637-3
- ISO 10605
- IEC 61547/EN 61547
- ITU-T K.21
- ITU-T K.44
- Other (Please Specify)  
.....  
.....

**2. TEST DESCRIPTION (REQUIREMENT/TEST METHOD/CRITERIA)**

.....  
.....



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**G. DISTRIBUTION OF COPY OF TEST REPORT**

\* (applicable for communication & multimedia certification scheme)

I/We would like:

  

RFEMCT to forward a copy to CMCS

Personally forward a copy to CMCS

**H. SIGNATURE OF AUTHORIZED REPRESENTATIVE:**

I, hereby, declare that all information and/or statement given in this questionnaire are correct to my knowledge.

Signature : .....

Full Name : .....

Designation : .....

Date: : .....

**FOR INTERNAL USE**

Please return form duly completed to:  
RF&EMC Testing Section,  
SIRIM QAS INTERNATIONAL SDN BHD,  
Testing Services Department,  
1<sup>st</sup> Floor Block 11 (EMC) or  
3rd Floor Block 25 (RF),  
No. 1, Persiaran Dato Menteri, Section 2,  
P.O. Box 7035,  
40700 Shah Alam.

TESTING FEE (RM):

QUOTATION NO:

REVIEWED &  
APPROVED BY : .....

DATE : .....



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**ATTACHMENT A**

| GENERAL INFORMATION            |  |                       | TRANSMITTER TEST   |                    |            |
|--------------------------------|--|-----------------------|--|--------------------|------------|
| Type of Product                |  | Mobile Station        | Transmitter Channel Switching Frequency Range (MHz) :      |                    |            |
|                                |  | Portable Station      |  |                    |            |
|                                |  | Base Station          |  |                    |            |
|                                |  | Base Station/Repeater |  |                    |            |
| Mode of Transmission           |  | Simplex               | Transmitter RF Power (Watt):<br>[as declared manufacturer] |                    |            |
|                                |  | Duplex                |  |                    |            |
|                                |  | Transceiver           |  |                    |            |
| Method of Frequency Generation |  | Crystal               | RECEIVER TEST  |                    |            |
|                                |  | Synthesizer           |  |                    |            |
|                                |  | Other : _____         | Test Frequency (MHz)                                       |                    |            |
| Channel Spacing                |  | 12.5 kHz              | Speaker Impedance ( $\Omega$ )                             |                    |            |
|                                |  | 25 kHz                |  |                    |            |
|                                |  | Other: _____          | Maximum Audio Rated Power (Watt)                           |                    |            |
| Mode of Modulation             |  | FM                    | Output Speaker   |                    | Balanced   |
|                                |  | AM                    |  |                    | Unbalanced |
| Operating Voltage              |  | AC : _____            | Intermediate Frequency (MHz)                               | 1 <sup>st</sup> IF |            |
|                                |  | DC: _____             |  | 2 <sup>nd</sup> IF |            |
| Rated Duty Cycle               |  | Continuous Duty       | Local Oscillator [at the First Mixer]                      |                    |            |
|                                |  | Intermittent Duty     | Receiver Channel Frequency Range                           |                    |            |

Remarks: Advisable to attach circuit diagram for the product.



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**APPENDIX FOR SITE-TESTING**

**(to be filled-up if necessary - to be attached together with TCQS/FOR/01-6)**

**SITE-TESTING INFORMATION (if applicable)**

*Customers are requested to fill up complete information as required in Annex 1.*

Please specify as follows:

1. Environmental condition according to the Test Method

Temp:

Hum:

2. Equipment calibration status and functionality check  
Please fill-up Annex 1

Yes

No

3. The laboratory has adequate testing facilities to meet the test requirement as specified in the standard.  
Please fill-up Annex 1

Yes

No

**ANNEX 1: Test Equipment List and Calibration / Verification Schedule (for Site - Testing)**

*(All equipment or gauges that are used to perform all tests shall be listed together with its model and serial number. Information on parameters calibrated, working range used for testing, frequency of calibration/verification and name of calibration laboratory shall be provided at relevant column).*

| Equipment<br>(Name, Model, Serial No.) | Parameters<br>Calibrated | Range Use for<br>Testing | Date of<br>Calibration | Name of Calibration<br>Laboratory |
|--|--------------------------|--------------------------|------------------------|-----------------------------------|
|  |                          |                          |                        |                                   |