ECS 9-1-1 TEST CALL FORM INSTRUCTIONS

Prior to Testing:
- Using the chart below, determine the minimum number of test calls you need to place.
  - If your entity has more than one building, please fill out a separate form for each location.

NUMBER OF STORIES	MINIMUM # of TEST CALLS
Single Story	5 – various locations
Multi Story	3 test calls per story- various locations
If a room at your location is larger than 10,000 sq. ft. AND has multiple phone lines please contact the Enhanced 9-1-1 Board office prior to filling out sections A & B of the attached form.	

- Complete sections A and B only and fax to 802-828-4109 or email to e911.ECSinfo@vermont.gov.
  - Make sure to complete sections A & B in their entirety. If you have any questions, please contact the   9-1-1 Board for assistance.
  - Once you have submitted the form, you will be contacted by a Board Staff member to schedule a date and time to place your test calls.

- KEEP a copy of your partially completed test form for submission post testing.

NOTE: DO NOT PERFORM ANY TEST CALLS UNLESS YOU HAVE SUBMITTED THE ABOVE-MENTIONED FORM TO THE E9-1-1 BOARD AND HAVE RECEIVED AUTHORIZATION TO TEST.

If for any reason you are unable to perform your testing at the scheduled date and time, you must call our office to reschedule.

Testing Day: Call the 9-1-1 Board (802-828-4911 or 800-342-4911) with any additional questions you may have about the process. When calling 9-1-1, advise the call-taker this is NOT an emergency, and that you are conducting E9-1-1 Compliance test calls.

   NOTE: If the call-taker is busy handling an emergent situation, you may be advised to suspend testing at that time. If this occurs, please contact the 9-1-1 Board to reschedule your test calls.

The ECS rule contains the requirement that **"ECS end users shall have the ability to directly initiate a call to 9-1-1 without dialing any additional digit, code, prefix or post-fix".** *When making test calls, try first to dial only "9-1-1"; if a call made using only those three digits does not connect to 9-1-1 you should then try again using whatever method you usually use to get an outside line.*

Make test calls from the pre-determined telephone #s on your copy of the partially completed test form. Be sure to place your test calls from each number in the exact order in which they are listed.
- Complete Section C. Ask the call-taker what they see on their screen for a telephone number and record the information on the form. You will also need to note the time of each test call and whether or not you were able to connect to 9-1-1 dialing only those three digits.
- When you have completed all testing, call the 9-1-1 Board to advise testing is complete.
- Complete Section D (be sure to include your contact telephone #) and IMMEDIATELY fax to 802-828-4109 or email to e911.ECSinfo@vermont.gov.
- Section E is for Board Staff use ONLY. Please do NOT write anything in this section.

Post Testing:
- 9-1-1 Board Staff will compare your test sheet to call detail records to determine if your test calls delivered the correct telephone number, street address and location information (room#, floor#, building name, etc.).
- If all info is correct, no further action/testing will be required, and a formal results notification letter will be sent to you.
- If there are any discrepancies noted by 9-1-1 Board staff upon review, you will be notified of the issue(s) and be instructed as to any additional action and if re-testing is required.

ECS E9-1-1 TEST CALL FORM

Please read the attached instructions in their entirety prior to completing this form. Incomplete forms will be returned for correction.

Effective 1 July 2019, the ECS rule contains the requirement that **"ECS end users shall have the ability to directly initiate a call to 9-1-1 without dialing any additional digit, code, pre-fix or post-fix".** Section C below details instructions for testing this feature when making test calls.

NOTE: A separate form must be completed for each address if an entity has more than one building/address.

SECTION A: To be completed and submitted to the VT E9-1-1 Board **BEFORE** testing.			
Organization Name:			
9-1-1 Physical Address (*must* include house/building number & street name):			
Technical Contact Name:		Technical Contact Email:	
Business Manager Name:		Business Manager Email:	

SECTION B: To be completed and submitted to the VT E9-1-1 Board **BEFORE** testing.		**SECTION C:** To be completed **DURING** testing. *When making calls, first dial only the digits "9-1-1" to see if it connects. If not, note in column below and then complete your test calls using whatever method you use to get an outside line.*		
Phone Number Being Tested	Location (room #, floor #, building name)	Time of Test Call	Phone # Displayed at the PSAP	Could you connect to 9-1-1 *without* dialing any other digit?
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

SECTION D: Complete this section **AFTER** making test calls.	
Date & Time:	Tester Name:
Tester Telephone #:	Tester Email:

SECTION E: FOR BOARD STAFF USE ONLY	
Board Review Completed By:	Circle One: PASSED FAILED
Action:	
Comments:	