

Appendix E: Checklist for DTV Transition Coordination

CABLE SYSTEM AND LOCAL BROADCAST STATION CHECKLIST FOR DTV TRANSITION COORDINATION

TV BROADCASTER INFORMATION (Section to be completed by TV stations)

1. TV Broadcaster Contact Information

Local station general manager:

Local station technical/engineering contact (name & title):

Local station address:

Telephone: _____ Fax no: _____

Email: _____

Master control emergency phone no: _____

DMA name & no: _____

TV station call letters: _____

License owner:

Affiliation:

2. TV Channel Information

2.1 Current analog channel no: _____

2.2 Pre-transition temporary digital channel no: _____

Final digital TV channel: _____

(Note: this may be the same as 2.1 or 2.2)

3. Transmitter Location Information: (To be filled out by stations using over-the-air signals to reach a cable headend)

3.1 Transmitter address no. 1: _____

Latitude: _____ **Longitude:** _____

Transmitter telephone no: _____

Transmitter address no. 2: _____

Latitude: _____ **Longitude:** _____

Transmitter telephone no: _____

3.2 Will transmitter location change before February 17, 2009?

Yes **No**

If transmitter location will change, please provide:

New transmitter address:

Latitude: _____ **Longitude:** _____

3.3 Do you intend on using a translator, LPTV or another station's signal to reach the cable headend?

Yes **No**

If the answer is yes, please fill out the information below.

Channel number: _____

LPTV station or translator address:

Transmitter address:

Latitude: _____ **Longitude:** _____

Telephone no: _____ **Email:** _____

Contact: _____

4. Changes in Operating Status and Channel Changes

4.1 Analog station operations:

4.1.1 Do you plan to temporarily interrupt analog power/coverage?

Yes **No**

4.1.2 If the answer is YES, please indicate dates:

From: _____ **To:** _____

4.1.3 Do you plan to permanently reduce power or coverage area prior to February 18, 2009?

Yes **No**

4.1.4 If the answer is yes, please indicate the dates when power will be reduced:

From: _____ **To:** _____

4.1.5 Anticipated date for permanent analog shut-off:

Month: _____ **Day:** _____ **Year:** _____

4.2 Digital Operations for Stations Changing Digital (RF) Channels

4.2.1 Temporary pre-transition RF digital channel no. _____

Final digital channel no. _____

4.2.2 Do you plan to temporarily reduce or interrupt service on your current pre-transition temporary digital channel?

Yes No

4.2.3 If the answer is YES, please indicated dates:

From: _____ To: _____

4.2.4 For stations switching DTV channels, when do you plan to permanently terminate service on your temporary digital channel?

Month: _____ Day: _____ Year: _____

4.2.5 Anticipated date for commencing digital service on the final DTV channel:

Month: _____ Day: _____ Year: _____

4.3 Digital Operations for Stations Not Changing Digital (RF) Channels

4.3.1 Do you plan to temporarily reduce or interrupt service on your digital channel? If so please indicate dates:

From: _____ To: _____

4.4 At any time during the transition, as an interim step, do you plan to multicast your DTV service on another DTV channel in the market?

Yes No

Channel number of the DTV (RF) channel that will carry your multicast program(s): _____

5. ERP Information: Please provide the ERP for the following:

5.1 Current pre-transition digital channel ERP: _____

Power: _____ HAAT: _____

5.2 Final post transition digital channel ERP: _____

Power: _____ HAAT: _____

6. Antenna Pattern Issues

6.1 Which type of antenna do you use for your current temporary digital facility?

Omni-directional pattern

Directional pattern

6.2 Does your existing temporary digital antenna pattern provide a signal to the cable headend?

Yes No

Do you anticipate that your final DTV facility will use the same antenna pattern?

Yes No

6.4 Which type of antenna do you use for your final digital facility?

Omni-directional pattern

Directional pattern

6.5 Will your final antenna pattern provide a signal to the cable headend?

Yes No

7. Stations using fiber optics or other means to reach a cable headend/receive-point

7.1 Does your station use a fiber optic feed to provide an analog signal to a cable headend/receive point?

Analog signal: Yes No

Digital signal: Yes No

7.2 Do you anticipate terminating the fiber feed for your analog signal?

Yes No

Date of termination: _____

7.3 Do you intend to provide a 4:3 SD formatted signal through a fiber optic feed to the cable headend/receive-point?

Yes No

Date provided: _____

7.4 Do you intend to provide a digital 16:9 format digital signal through a fiber optic feed to the cable headend /receive-point?

Yes No

Date Provided: _____

7.5 Does your station currently use a microwave feed to provide a signal to the cable headend?

Analog signal: Yes No

Digital signal: Yes No

7.6 Do you intend to use a microwave feed to provide a digital signal to the cable headend?

Yes No

7.7 Please list any other method of delivery you intend to use to provide a signal to the cable headend.

8. Video format and aspect ratio for stations using over-the-air signals to reach the cable headend post transition. (Check more than one if video format will vary)

1080i (16x9) 720p (16x9) 480i (4x3)

480i (16x9) 480p (16x9) 480p (4x3)

1080p (16x9) (MPEG 4 encoding)

9. Does your station intend to use your DTV multicast signal to simulcast a 4:3 SD version of your main channel?

Yes No

10. Does your station intend to use your DTV multicast signal to transmit a 4:3 SD version of another station's programming or an additional broadcast network?

Yes No

Additional station (call letters): _____

Additional broadcast network: _____

11. Video format and aspect ratio for stations using fiber optics or other methods to reach the cable headend post transition. (Check more than one if video format will vary.)

1080i (16x9) 720p (16x9) 480i (4x3)

480i (16x9) 480p (16x9) 480p (4x3)

1080p (16x9) (MPEG 4 encoding)

12. Audio format:

Signal is provided to headend via an over-the-air signal

Signal is provided to headend via fiber

AC3 AC3 dial-norm value: _____

Audio reference level _____

Average audio dialog level _____

PCM

13. Closed captioning format:

608 708

14. Primary Video PID: _____

15. Primary Audio PID: _____

16. Secondary Audio PID (if applicable): _____

17. Other PIDS in the multiplex: _____

18. Stations preferred program format for downconversion

Broadcasters and cable operators should discuss the method for handling the aspect ratio for down-converting from a digital 16:9 format into a format to be viewed on a 4:3 analog receiver:

Center-cut Letterbox

Do you anticipate that your station will provide signals with Active Format Description allowing formats to be changed on a program-by-program basis?

Yes No

If yes, anticipated date for including AFD in your transmissions:

19. SAP Channel

19.1 Please describe which PID is equivalent to the analog SAP channel and how will it be mapped to converted NTSC:

19.2 How do you intend to downmix audio programming on the SAP channel?

CABLE OPERATOR INFORMATION

(Section to be completed by cable operators)

20. Cable Contact Information

Cable operator: _____

Corporate contact: _____

Address: _____

Telephone: _____ **Email:** _____

Local Market Contacts

Contact name: _____ **Title:** _____

Address: _____

Telephone: _____ **Fax No:** _____

Email: _____

Franchisee (city/county) _____

Contact: _____

Telephone: _____ **Email:** _____

21. Cable Headend/ Receive-point Information. *(Please provide the location(s) of where local television signals are received over-the-air, through fiber optics or by other means)*

21.1 Headend or Receive-point (No. 1)

Technical contact: _____

Address: _____

Latitude: _____ **Longitude:** _____

Communities served by headend/receive-point:

Is new equipment needed at this headend/receive-point to receive a local station's over-the-air digital signal?

- | | | | | |
|--------------------------|-----|--------------------------|----|------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Decoder/receiver |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Antenna |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Other |

Date on which new equipment is scheduled to be installed at the headend/receive-point: _____

Please indicate the date on which the cable operator plans to switch from using the station's off-air analog signal to the station's off-air digital signal as the "feed" to the cable headend or local receive facility:

Month: _____ **Day:** _____ **Year:** _____

21.2 Headend or Receive-point (No. 2)

Technical contact: _____

Address: _____

Latitude: _____ Longitude: _____

Communities served by headend/receive point:

Is new equipment needed at this headend/receive-point to receive a local station's over-the-air digital signal?

- | | | | | |
|--------------------------|-----|--------------------------|----|------------------|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Decoder/receiver |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Antenna |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Other |

Date on which new equipment is scheduled to be installed at the headend/receive-point: _____

Please indicate the date on which the cable operator plans to switch from using the station's off-air analog signal to the station's off-air digital signal as the "feed" to the cable headend or local receive facility:

Month: _____ Day: _____ Year: _____

21.3 Headend or Receive-point (No. 3)

Technical contact: _____

Address: _____

Latitude: _____ Longitude: _____

Communities served by headend/receive-point:

Is new equipment needed at this headend/receive-point to receive a local station's over-the-air digital signal?

- Yes No Decoder/receiver
 Yes No Antenna
 Yes No Transmission line/other

Date on which new equipment is scheduled to be installed at the headend/receive-point: _____

Please indicate the date on which the cable operator plans to switch from using the station's off-air analog signal to the station's off-air digital signal as the "feed" to the cable headend or local receive facility:

Month: _____ Day: _____ Year: _____

If a cable operator uses more than three locations to receive a local station's signal, please provide the information on the back of this checklist.

22. Program Format Information

Does the cable operator have digital receiving equipment at the headend or receive-point capable of downconverting a 16:9 formatted broadcast signal to a 4:3 format via:

- Yes No Letterbox
 Yes No Center-cut

Does the cable operator plan to install equipment capable of decoding Active Format Descriptor?

- Yes No

If yes, anticipated date: _____

23. Program Related Data

23.1 V-Chip Information & Closed Captioning

Will the cable system's equipment be capable of passing through AMOL data delivered within the DTV audio stream in addition to NAVE for conversion of digital signals for its subscribers?

Yes No

Will the cable system's equipment read XDS V-CHIP information from the 608 caption data and re-create it on the downconverted line 21, field 2?

Yes No

Will the cable system's equipment read PSIP tables to update V-Chip data or confirm that it agrees with the data being sent via XDS?

Yes No

23.2 Program Guide Information (PSIP)

Will cable system's equipment be able to read guide updates delivered by broadcasters and update their local guides reflecting program changes and live event over-runs?

Yes No

23.3 Emergency Alert System (EAS) Messages

How does the cable operator plan to handle system-wide broadcast EAS alerts?

23.4 Audio Downconversion

How does the cable operator intend to down-convert Dolby 5.1 to analog stereo or mono audio?

24. Channel Placement Questions

24.1 How does the cable operator plan to treat channel positioning for a station's digital 16:9 signal(s) and for the converted 4:3 signal?

24.2 Will the cable operator carry the virtual channel table in the PSIP?

Yes No

24.3 Do you plan to operate in "PID Lock" mode or retrieve information and tune from TVCT?

25. Is your cable system equipment, including the digital set-top boxes, capable of decoding variable bit rate MPEG 2 video streams?

Yes No

26. What procedures will broadcasters and cable operators adopt to ensure technical issues are addressed and resolved?

27. Additional Comments or Questions

Email or fax to:

Cable contact: _____

Fax: _____ **Email:** _____

Broadcast contact: _____

Fax: _____ **Email:** _____