



Registration by QS (Funkwerk fill in)  
 Nr.:  
 Date:

Registration Sheet  
 request support  
 product group MESA

1. Contact Details (Who made the observation?)			
Company*:			
Contact Person / Department*:			
Street*:			
Country / ZIP Code / City*:			
Phone*:		Fax:	Cell phone:
E-Mail*:			

2. Details about the installed system / train radio system			
Device type:	<input type="checkbox"/> MESA 23	<input type="checkbox"/> MESA 24	<input type="checkbox"/> MESA 25 <input type="checkbox"/> MESA 26
2.1. Features of the system			
Device	Product name	Article number	Serial number
Train radio central unit			
MMI 1:			
MMI 2:			
Analogue radio 1:			
Analogue radio 2:			
SW-Version (package and version):			
Configuration file (add attachments according to point 8):			

2.2. Interfaces	
PA / Intercom Connection:	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.3. Digital input and outputs if used				
Central unit	MMI	IN	OUT	Function
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2.4. Serial interfaces if used		
Connected device type	Connected to which IFS x	Used protocol or application

2.5. Ethernet interface if applicable		
Connected device	Connected to which interface	Used protocol or application

2.6. Location of installation	
Vehicle type and number:	

3. Affected part of the system	
<input type="checkbox"/> Central unit	<input type="checkbox"/> Analogue radio <input type="checkbox"/> MMI <input type="checkbox"/> Hardware failure <input type="checkbox"/> Software failure
<input type="checkbox"/> Connected external device	
<input type="checkbox"/> Common function / general function	<input type="checkbox"/> GSM-R <input type="checkbox"/> Analogue radio functions
<input type="checkbox"/> Documentation	

**4. Failure description (Short with key words)**

**4.1. Detailed description of the observed failure (State of the system; error pattern description of the malfunction (action-reaction); scope; impact; duration; frequency; static or temporarily, on which operation occurred the failure?)**

**4.2. Operation mode**

Radio mode		Operation mode	
<input type="checkbox"/> GSM-R		<input type="checkbox"/> Voice mode	<input type="checkbox"/> Shunting mode
<input type="checkbox"/> Analogue (AR) radio D		<input type="checkbox"/> A	<input type="checkbox"/> E <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/> B
<input type="checkbox"/> AR CZ	<input type="checkbox"/> AR Luxembourg	<input type="checkbox"/> AR Rumania	<input type="checkbox"/> AR Hungary
<input type="checkbox"/> AR Austria	<input type="checkbox"/> AR France	<input type="checkbox"/> AR Croatia	<input type="checkbox"/> AR Slovenia
<input type="checkbox"/> AR Serbia	<input type="checkbox"/> AR Poland	<input type="checkbox"/> AR Slovakia	<input type="checkbox"/>

**4.3. Name of the GSM-R network**

**4.4. Used SIM card (MSIDN; SIM profile; used since?)**

**4.5. Scenario of the failure (Which operation made when the failure occurred?)**

**4.6. How and where was the failure observed? (In which operating / action / function; how was the failure noticed; at which place occurred the failure?)**

**4.7. Remains the cab radio operable; or is not operable any more; or -if any - describe the restrictions of operation.**

4.8. When and how often does the problem occur?

4.9. How long stays the failure?

4.10. Is it possible to reproduce the failure? (If yes, how?)

5. What was done so far to remedy the failure? (Service actions; repairs; replacing modules; software updates; etc. with what results?)

6. Will the safety and / or the management be disturbed? (Nature and scope? Limitations / operational faults / operational impacts?)

7. Severity of failure:

- 1-significant / total failure
- 2-critical / failure of one function
- 3-non critical / non critical failure of a function
- 4-minor failure / minor failure of a function

Additional comments:



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**8. Attachment** (Additional documents; files; traces; screenshots; photo; test protocols; videos etc.)

Number of documents:

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Created:

Place	Date	Name

The fields marked with \* are mandatory fields. Without this information, a sending is not possible.