**Bluetooth Technical Checklist**

* **Abstract:**

This document is a technical checklist used by Bluetooth Technical Assessors to assess prospective Bluetooth Qualification Test Facilities and Bluetooth Recognized Test Facilities, and to conduct ongoing audits under the Bluetooth Qualification Test Facility program.

|  |
| --- |
| *Bluetooth*® Technical Checklist for Bluetooth Qualification Test Facilities and Bluetooth Recognized Test Facilities |

**This document, regardless of its title or content, is not a Bluetooth Specification subject to the licenses granted by the Bluetooth SIG Inc. (“Bluetooth SIG”) and its members under the Bluetooth Patent/Copyright License Agreement and Bluetooth Trademark License Agreement.**

**THIS DOCUMENT IS PROVIDED “AS IS” AND BLUETOOTH SIG, ITS MEMBERS, AND THEIR AFFILIATES MAKE NO REPRESENTATIONS OR WARRANTIES AND DISCLAIM ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY, TITLE, NON-INFRINGEMENT, FITNESS FOR ANY PARTICULAR PURPOSE, THAT THE CONTENT OF THIS DOCUMENT IS FREE OF ERRORS.**

**TO THE EXTENT NOT PROHIBITED BY LAW, BLUETOOTH SIG, ITS MEMBERS, AND THEIR AFFILIATES DISCLAIM ALL LIABILITY ARISING OUT OF OR RELATING TO USE OF THIS DOCUMENT AND ANY INFORMATION CONTAINED IN THIS DOCUMENT, INCLUDING LOST REVENUE, PROFITS, DATA OR PROGRAMS, OR BUSINESS INTERRUPTION, OR FOR SPECIAL, INDIRECT, CONSEQUENTIAL, INCIDENTAL OR PUNITIVE DAMAGES, HOWEVER CAUSED AND REGARDLESS OF THE THEORY OF LIABILITY, AND EVEN IF BLUETOOTH SIG, ITS MEMBERS, OR THEIR AFFILIATES HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.**

**This document is proprietary to Bluetooth SIG. This document may contain or cover subject matter that is intellectual property of Bluetooth SIG and its members. The furnishing of this document does not grant any license to any intellectual property of Bluetooth SIG or its members.**

**This document is subject to change without notice.**

**Copyright © 2018 by Bluetooth SIG, Inc. The Bluetooth word mark and logos are owned by Bluetooth SIG, Inc. Other third-party brands and names are the property of their respective owners.**

Revision History

| Revision Number | Date | Comments |
| --- | --- | --- |
| 1.0 | 5 March 2018 | First release |
| 1.1 | 28 January 2019 | Updated to accommodate specification deprecation and withdrawal changes, incorporate BQRB feedback on those changes  Updated to References section and include Test Case Reference List references |
| 1.2 | 3 May 2019 | Updated to incorporate changes for Core Specification 5.1  Consolidated LE Protocols:1 and LE Protocols:2 |
| 1.3 | 9 December 2019 | Updated to incorporate changes for Core Specification 5.2  Updated assessment requirements in Section 6 |
| 1.4 | 28 April 2020 | Removed optional scope options for LE and BR/EDR protocols and added new scope option for Host Protocols:1  Updated additional scope assessment requirements in Section 5 |

Contents

[1 Purpose and Scope 5](#_Toc505759790)

[2 General Instructions to Bluetooth Technical Assessor 6](#_Toc505759791)

[3 References 7](#_Toc505759792)

[4 General Test Facility Information 8](#_Toc505759793)

[5 Proposed Accreditation Scope 9](#_Toc505759794)

[5.1 Primary Scope Options 9](#_Toc505759795)

[5.2 Supplemental Scope Options 11](#_Toc505759796)

[6 Assertions to Proposed Primary Accreditation Scope 12](#_Toc505759797)

[7 Assertions to Proposed Supplemental Accreditation Scope 14](#_Toc505759798)

[8 Bluetooth Testing Documentation 18](#_Toc505759799)

[9 Bluetooth Project Documentation 22](#_Toc505759807)

[10 Bluetooth Test System and Environment 24](#_Toc505759813)

[11 Test Facility Responsibilities 28](#_Toc505759821)

[12 Recommendation and Attestation 29](#_Toc505759823)

# Purpose and Scope

This Technical Checklist is used by Bluetooth Technical Assessors to evaluate the technical capabilities of prospective Bluetooth Qualification Test Facilities and Bluetooth Recognized Test Facilities, and for reassessments and audits of recognized Bluetooth Qualification Test Facilities and Bluetooth Recognized Test Facilities. Bluetooth SIG will consider the results of each assessment as part of determining whether a prospective or existing test facility satisfies the requirements for participation in the Bluetooth Qualification Test Facility program.

# General Instructions to Bluetooth Technical Assessor

Complete Sections 4 through 11 of this Technical Checklist in accordance with the section-specific instructions that appear in the “Instructions to Bluetooth Technical Assessor” section at the beginning of each section of this Technical Checklist. If the facility being assessed (the “**Candidate Facility**”) provides any supporting documentation relevant to any of the questions in this Technical Checklist, please describe that supporting documentation in the “Assessor Comments” section for the applicable question.

Once the assessment of the Candidate Facility is completed, complete and sign the “Recommendation and Attestation” in Section 12 of this Technical Checklist, and provide your completed audit report (including the completed Technical Checklist and copies of any supporting documentation requested by Bluetooth SIG) to Bluetooth SIG.

# References

The following documents may be referenced by this Technical Checklist. Capitalized terms used but not defined in this document have the definitions given to them in [2], [3], [4], and [5].

1. ISO/IEC 17025:2005 or later
2. Bluetooth Specifications (<https://www.bluetooth.com/specifications>)
3. Bluetooth Test Suites (<https://www.bluetooth.com/specifications/qualification-test-requirements>)
4. Bluetooth ICS and IXIT proforma documents (<https://www.bluetooth.com/specifications/qualification-test-requirements>)
5. Test Case Reference List (TCRL) as published from time to time by the Bluetooth SIG (<https://www.bluetooth.com/specifications/qualification-test-requirements>)

# General Test Facility Information

**Instructions to Bluetooth Technical Assessor:** Complete this section based on information provided by the Candidate Facility.

|  |  |
| --- | --- |
| **Owner of Candidate Facility (i.e., member company that is party to the applicable Bluetooth Qualification Testing Facility Agreement):** |  |
| **Name of Candidate Facility:** |  |
| **Candidate Facility seeks recognition as:** |  Bluetooth Qualification Test Facility   Bluetooth Recognized Test Facility |
| **Candidate Facility Physical Address:** |  |
| **Candidate Facility Contact Person Name:** |  |
| **Candidate Facility Contact Person Contact Information:** | [Address]  [Telephone]  [Fax]  [Email] |

# Proposed Accreditation Scope

**Instructions to Bluetooth Technical Assessor:** The purpose of this section is to identify the test capabilities for which the Candidate Facility seeks recognition by Bluetooth SIG. The Bluetooth Technical Assessor should complete this section based on information provided by the Candidate Facility. Check the boxes in the table below to indicate the test scope options for which the Candidate Facility seeks recognition by Bluetooth SIG, together with any additional selected optional testing capabilities associated with the selected test scope options. The required testing capabilities (as indicated in the tables below) for each test scope option selected by the Candidate Facility comprise the “**Proposed Accreditation Scope**.” The test scope options listed in Section 5.1 are primary options, and the test capabilities listed in Section 5.2 are supplemental options. The Candidate Facility may only seek recognition for a supplemental option if the Candidate Facility also seeks recognition for the required primary option(s) (as indicated in Column 1 of the table in Section 5.2) associated with that supplemental option.

Additional Accreditation Scope options that can be enabled by software updates to the existing Authorized Scope will not require an additional audit from a Bluetooth Technical Assessor to update the Authorized Scope for your facility. The Test Facility must submit an updated Test Scope Compliance Form to Bluetooth SIG for the proposed accreditation scope change.

## Primary Scope Options

| **Column 1:**  **Scope option**  *Check below to indicate the primary scope option(s) for which the Candidate Facility seeks recognition by Bluetooth SIG.* | **Column 2:**  **Associated required testing capabilities (referenced in available version(s) of Test Case Reference List [4] and Bluetooth Core Specification [2])** |
| --- | --- |
|  RF:1 | Vol 2 Part A Radio Specification, in the Test Suite RF.TS, which includes receiver and transmitter tests for Bluetooth Basic Rate (BR) and Enhanced Data Rate (EDR), EDR2 and EDR3. |
|  HS:1 | Vol. 5, Part A 802.11 Protocol Adaptation Layer (802.11 PAL) in the Test Suite 802.11 PAL.TS |
|  RF – PHY:1 | (a) Vol 6 Part A, Physical Layer Specification, in the Test Suite RF-PHY.TS which includes receiver and transmitter tests for LE 1 Mb/s; with  (b) fixed 37 bytes packet payload length, and  (c) packet length extensions (packet payload length ranges from 37 bytes to 255 bytes) |
|  RF – PHY:2 | Vol 6 Part A, Physical Layer Specification, in the Test Suite RF-PHY.TS which includes receiver and transmitter tests for  (a) 20 dBm Higher Output Power RF-PHY  (b) LE 2Mb/s  (c) Coded PHY (125 kb/s or 500 kb/s)  (d) Stable Modulation Index  (e) All required testing capabilities associated with the RF – PHY:1 test scope option |
|  RF – PHY:3 | Vol 6 Part A, Physical Layer Specification, in the Test Suite RF-PHY.TS which includes receiver and transmitter tests for  (a) AoA/AoD (IQ Samples Coherency AoD/AoA Receiver, IQ Sample Dynamic Range AoD/AoA Receiver)  (b) All required testing capabilities associated with the RF – PHY:2 test scope option |
|  BR/EDR Protocols:1 | (a)   Vol 2 Part B, Baseband (BB) Specification, in the Test Suite BB.TS  (b)   Vol 2 Part C, Link Manager Protocol (LMP) Specification, in the Test Suite LMP.TS  (c)    Vol 2 Part E Host Controller Interface (HCI) Specification, including the BR/EDR only HCI tests in the Test Suite HCI.TS |
|  LE Protocols:1 | (a)   Vol 6 Part B Link Layer (LL)Specification, in the Test Suite LL.TS  (b)   Vol 2 Part E Host Controller Interface (HCI) Specification, including the LE only and BR/EDR/LE HCI tests in the Test Suite HCI.TS |
|  LE Protocols:2 | (a) Vol 6 Part G Isochronous Adaptation Layer (IAL)Specification, in the Test Suite IAL.TS (Isochronous Adaptation Layer)  (b) All required testing capabilities associated with the LE Protocols:1 test scope option |

## Supplemental Scope Options

| **Column 1:**  **Scope option**  *Check below to indicate the supplemental scope option(s) for which the Candidate Facility seeks recognition by Bluetooth SIG.*  *The following options may only be selected if at least one Primary Scope option is supported in the table above.* | **Column 2:**  **Associated required testing capabilities (referenced in available version(s) of Test Case Reference List [4])** |
| --- | --- |
|  Host Layers | Layers above HCI in the Bluetooth SIG adopted Core Specifications |
|  Traditional Profiles and Protocols | Bluetooth SIG adopted Profile and Protocol Specifications external to the Core in the Profile TCRL |
|  GATT-Based Profile & Service | Bluetooth SIG adopted Profile and Service Specifications operating over the GATT architecture in the GATT based TCRL |
|  Bluetooth High Speed (HS) supportive protocols |  IEEE 802.11 PHY in the Core TCRL   MAC Layers (IEEE 802.11-2007) in the Core TCRL |
|  Mesh Profile & Mesh Models | Bluetooth SIG adopted Mesh Profile and Mesh Model Specifications in the MESH-MMDL TCRL |

# Assertions to Proposed Primary Accreditation Scope

**Instructions to Bluetooth Technical Assessor:** The purpose of this section is to evaluate whether the Candidate Facility is capable of performing each of the tests within the Proposed Primary Accreditation Scope. Please use the table that begins on the next page to answer Questions 6.1 through 6.3 for each of the testing capabilities within the Proposed Primary Accreditation Scope (i.e., for each primary scope option selected in Column 1 of the table in Section 5.1, each mandatory testing capability listed in Column 2 of that table and each additional testing capability selected in Column 3 of that table). The Scope and associated required testing capabilities refer to being able to support testing of test cases at Category A, optionally the Candidate Facility may choose to support Category B and below testing as a part of their accreditation scope.

For example, if LE Protocols:1 is selected in Section 5.1 above, you must answer Questions 6.1 through 6.3 for each of the following testing capabilities: (1) Link Layer for Core Specification “LL”; and (2) Host Controller Interface “HCI”. Additional, question-specific instructions for Questions 6.1 and 6.2 are set forth below:

* **Question 6.1 (Has the Candidate Facility demonstrated that it is capable of performing all test cases within this testing capability that are designated as Category “A”?):** You may only answer “Yes” to this question if you observed a member of the Candidate Facility’s test personnel follow the test steps accurately and complete the test cases for all Category “A” test cases that the personnel demonstrates as part of the assessment, which must be 10% or no more than 10 test cases from the most recent version of the TCRL [5] within this testing capability that are designated as Category “A” at the time of assessment. All test cases to be completed by the Candidate Facility as part of the assessment must be randomly selected by the Bluetooth Technical Assessor.
* **Question 6.2 (Has the Candidate Facility demonstrated that it is capable of performing all test cases within this testing capability that are designated as Category “B”?):** You may only answer “Yes” to this question if you observed a member of the Candidate Facility’s test personnel follow the test steps accurately and complete all Category “B” conformance test cases that the personnel demonstrates as part of the assessment, which must be no fewer than 10% or no more than 10 test cases from the TCRL [5] within this testing capability that are designated as Category “B” at the time of assessment. All test cases to be completed by the Candidate Facility as part of the assessment must be randomly selected by the Bluetooth Technical Assessor.

If you answer “No” or “N/A” to any question, or have other comments for Bluetooth SIG, record an explanation in the space provided for “Assessor Comments.”

|  | **Testing Capability**  *List in this column each testing capability that is within the Proposed Primary Accreditation Scope. Attach additional sheets as necessary.* | **Question 6.1:**  **Has the Candidate Facility demonstrated that it is capable of performing all test cases within this testing capability that are designated as Category “A”?** | | | **Question 6.2:**  **Has the Candidate Facility demonstrated that it is capable of performing all test cases within this testing capability that are designated as Category “B”?** | | | **Question 6.3**  **Did the Candidate Facility provide documentation showing that the Candidate Facility has continuous access to and exclusive use of (outside of downtime required for repairs or maintenance) each piece of testing equipment necessary to conduct each test case within this testing capability?** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  Yes |  No |  N/A |  Yes |  No |  N/A |  Yes |  No |  N/A |
| **Assessor Comments:** | | | **Assessor Comments:** | | | **Assessor Comments:** | | | |
|  |  |  Yes |  No |  N/A |  Yes |  No |  N/A |  Yes |  No |  N/A |
| **Assessor Comments:** | | | **Assessor Comments:** | | | **Assessor Comments:** | | | |
|  |  |  Yes |  No |  N/A |  Yes |  No |  N/A |  Yes |  No |  N/A |
| **Assessor Comments:** | | | **Assessor Comments:** | | | **Assessor Comments:** | | | |
|  |  |  Yes |  No |  N/A |  Yes |  No |  N/A |  Yes |  No |  N/A |
| **Assessor Comments:** | | | **Assessor Comments:** | | | **Assessor Comments:** | | | |
|  |  |  Yes |  No |  N/A |  Yes |  No |  N/A |  Yes |  No |  N/A |
| **Assessor Comments:** | | | **Assessor Comments:** | | | **Assessor Comments:** | | | |
|  |  |  Yes |  No |  N/A |  Yes |  No |  N/A |  Yes |  No |  N/A |
| **Assessor Comments:** | | | **Assessor Comments:** | | | **Assessor Comments:** | | | |

# Assertions to Proposed Supplemental Accreditation Scope

**Instructions to Bluetooth Technical Assessor:** The purpose of this section is to evaluate whether the Candidate Facility is capable of performing each of the tests within the Proposed Supplemental Accreditation Scope. Use the check boxes below to answer the following question: **Has the Candidate Facility demonstrated that it is capable of performing all test cases within the Proposed Supplemental Accreditation Scope?**

You may only answer “Yes” to this question if you observed a member of the Candidate Facility’s test personnel follow the test steps accurately and complete the test cases for all test cases within the Proposed Supplemental Accreditation Scope that the personnel demonstrates as part of the assessment, which must be no fewer than 20 of the test cases from the most recent version of the TCRL [5] within the Proposed Supplemental Accreditation Scope at the time of assessment. All test cases to be completed by the Candidate Facility as part of the assessment must be randomly selected by the Bluetooth Technical Assessor. If you answer “No” or “N/A,” or have other comments for Bluetooth SIG, record an explanation in the space provided for “Assessor Comments.”

| **Response:**   Yes  No  N/A |
| --- |
| **Assessor Comments:** |

Additionally, use the table below to list each test case within the Proposed Supplemental Accreditation Scope that the Candidate Facility’s personnel demonstrated as part of the assessment, and to indicate whether the Candidate Facility’s personnel was able to follow the test steps accurately and complete the test case for each test case that was demonstrated. If you answer “No” or “N/A” for any test case, or have other comments for Bluetooth SIG, record an explanation in the space provided for “Assessor Comments.”

|  | **Test Cases**  *List in this column each test case within the Proposed Supplemental Accreditation Scope that the Candidate Facility’s personnel demonstrated as part of the assessment. Attach additional sheets as necessary.* | **Was the Candidate Facility’s personnel able to follow the test steps accurately and complete this test case?** | **Assessor Comments** |
| --- | --- | --- | --- |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |
|  |  |  Yes  No  N/A |  |

# Bluetooth Testing Documentation

**Instructions to Bluetooth Technical Assessor:** The purpose of this section is to evaluate whether the Candidate Facility maintains documented testing policies and procedures, and whether the Candidate Facility’s personnel have experience following those policies and procedures.

Please answer Questions 8.1 through 8.7 by checking “Yes,” “No,” or “N/A” in the table below. Additional, question-specific instructions (if any) are set forth in the “Additional Criteria for Assessment” column in the table below.

If you answer “No” or “N/A” to any question, or have other comments for Bluetooth SIG, record an explanation in the space provided for “Assessor Comments.”

| **Question No.** | **Question** | **Additional Criteria for Assessment** | **Assessor Response** | **Assessor Comments** |
| --- | --- | --- | --- | --- |
| 8.1 | If the Candidate Facility relies on any laboratory-developed procedures and set-up for the conformance tests that are designated as Category “B”, are these laboratory-developed procedures and set-up fit for their intended use? | You may only answer “Yes” to this question if you have observed a member of the Candidate Facility’s test personnel both: (i) provide step-by-step explanations of the Candidate Facility’s laboratory-developed procedures, and (ii) demonstrate the use of those procedures to produce test results accurately and consistently according to test case descriptions for all Category “B” conformance test cases that the personnel demonstrates as part of the assessment, which must be 10% or no more than 10 test cases of the conformance test cases within the Proposed Accreditation Scope that are designated as Category “B.” All test cases must be randomly selected by the Bluetooth Technical Assessor. |  Yes   No   N/A |  |
| 8.2 | Does the Candidate Facility have an operating instruction in place, for each piece of test equipment at the Candidate Facility that supports the Proposed Accreditation Scope, for connecting the IUT to the tester, and do the Candidate Facility’s test personnel have experience following the operating instruction? | You may only answer “Yes” to this question if both: (i) all test equipment at the Candidate Facility that support the Proposed Accreditation Scope have accompanying operating instructions for connecting the IUT to a tester; and (ii) you have observed a member of the Candidate Facility’s test personnel follow the Candidate Facility’s operating instructions correctly for connecting the IUT to all testers to which a connection was established as part of the assessment. |  Yes   No   N/A |  |
| 8.3 | Does the Candidate Facility have an operating instruction in place for the operation of protocol conformance tests, and does the Candidate Facility’s personnel have experience following the operating instruction? | You may only answer “Yes” to this question if both: (i) all test equipment at the Candidate Facility that supports the operation of protocol conformance tests have accompanying operating instructions for the operation of protocol conformance tests; and (ii) you have observed a member of the Candidate Facility’s test personnel follow the Candidate Facility’s operating instructions correctly for the operation of all protocol conformance test cases demonstrated as part of the assessment, which must be no fewer than two different protocol conformance test cases. The protocol conformance test cases must be randomly selected by the Bluetooth Technical Assessor. |  Yes   No   N/A |  |
| 8.4 | Does the Candidate Facility have a documented procedure in place for managing a client’s tested configuration, and does the Candidate Facility’s personnel have experience following the documented procedure? | You may only answer “Yes” to this question if both: (i)the Candidate Facility’s operating instructions include procedures that address how a client’s tested configuration is both: (a) stored and (b) retrieved; and (ii) you have observed a member of the Candidate Facility’s test personnel follow the Candidate Facility’s documented procedure correctly to manage client’s tested configuration by storing and retrieving an anonymous client’s tested configurations for all test cases demonstrated as part of the assessment for which a client’s tested configuration applies, which must be at least one. |  Yes   No   N/A |  |
| 8.5 | When an IUT fails during testing, does the Candidate Facility have a documented procedure in place for handling the IUT failure, and does the Candidate Facility’s personnel have experience following the documented procedure? | You may only answer “Yes” to this question if both: (i) the Candidate Facility’s documented procedure includes the following steps: (a) record how the IUT failed during testing, and (b) record the steps on how to reproduce the same IUT failure; and (ii) you have observed a member of the Candidate Facility’s test personnel follow the documented procedure correctly to handle at least one IUT failure properly by recording the steps to reproduce the IUT failure or, if no actual IUT failure is available for assessment, you have observed each member of the Candidate Facility’s test personnel verbally describe how to follow the documented procedure to record the steps to reproduce the failure. |  Yes   No   N/A |  |
| 8.6 | If the Candidate Facility seeks recognition as a BQTF (as indicated in Section 4), has the Candidate Facility received accreditation to an ISO/IEC 17025 [1] by a recognized accreditation body for relevant wireless digital technology testing? | You may only answer “Yes” to this question if the Candidate Facility provides you with a copy of its current accreditation to ISO/IEC 17025 [1], issued by an accreditation body that is a signatory to the ILAC Mutual Recognition Arrangement. |  Yes   No   N/A |  |
| 8.7 | Does the Candidate Facility maintain and enforce security protocols (e.g., key card authentication) to ensure that only authorized personnel can access the Candidate Facility? Note that this requirement is satisfied if the Candidate Facility received accreditation to an ISO/IEC 17025 [1] by a recognized accreditation body for relevant wireless digital technology testing. |  |  Yes   No   N/A |  |

# Bluetooth Project Documentation

**Instructions to Bluetooth Technical Assessor:** The purpose of this section is to evaluate whether the Candidate Facility maintains proper project handling, document control, and test report policies and procedures, and whether the Candidate Facility personnel have experience following those policies and procedures. Please answer Questions 9 through 9.5 by checking “Yes,” “No,” or “N/A” in the table below. Additional, question-specific instructions (if any) are set forth in the “Additional Criteria for Assessment” column in the table below.

If you answer “No” or “N/A” to any question, or have other comments for Bluetooth SIG, record an explanation in the space provided for “Assessor Comments.”

| **Question No.** | **Question** | **Additional Criteria for Assessment** | **Assessor Response** | **Assessor Comments** |
| --- | --- | --- | --- | --- |
| **Project Handling and Document Control** | | | | |
| 9.1 | At the time of testing, were the following project documents available to and accessible by test personnel to operate a test project?   * ICS/IXIT [4]? * Test Plan? * Operating Manuals? |  |  Yes   No   N/A |  |
| 9.2 | Does the Candidate Facility have procedures in place to ensure that all test personnel have access to the current version of each of the following items?   * Bluetooth specifications [2] * Bluetooth test suites [3] * Bluetooth test case errata * Bluetooth specification errata * TCRL [5] |  |  Yes   No   N/A |  |
| **Test Report** | | | | |
| 9.3 | Was a member of the Candidate Facility’s test personnel able to both: (i) provide a step-by-step explanation of how to generate a test report and (ii) demonstrate each of the steps by generating a sample test report? |  |  Yes   No   N/A |  |
| 9.4 | Was a member of the Candidate Facility’s test personnel able to demonstrate that the generated test report format is consistent, that test results clearly indicate test completion, and that the testing is correctly identified with respect to the applicable ICS/IXIT [4] and test plan? |  |  Yes   No   N/A |  |
| 9.5 | Was a member of the Candidate Facility’ test personnel able to explain and demonstrate how the IUT is unambiguously identified in the Candidate Facility’s test reports (e.g., software and hardware versions)? |  |  Yes   No   N/A |  |

# Bluetooth Test System and Environment

**Instructions to Bluetooth Technical Assessor:** The purpose of this section is to evaluate whether the Candidate Facility has a proper test environment (including test equipment), and whether the Candidate Facility’s personnel have experience performing under test conditions. Please answer Questions 10 through 10.7 by checking “Yes,” “No,” or “N/A” in the table below. Additional, question-specific instructions (if any) are set forth in the “Additional Criteria for Assessment” column in the table below.

If you answer “No” or “N/A” to any question, or have other comments for Bluetooth SIG, record an explanation in the space provided for “Assessor Comments.”

| **Question No.** | | **Question** | | **Additional Criteria for Assessment** | | **Assessor Response** | **Assessor Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Test Environment** | | | | | | | |
| 10.1 | | Has the Candidate Facility ensured that the test environment has no interference at 2.4 GHz that disturbs the testing? | | You may only answer “Yes” to this question if a member of the Candidate Facility’s test personnel was able to explain and demonstrate both: (i) the Candidate Facility’s method for achieving zero interference at 2.4 GHz in the test environment; and (ii) how to maintain the test environment to ensure that the Candidate Facility’s method is working properly at times of testing. | |  Yes   No   N/A |  |
| 10.2 | | Have the Candidate Facility’s test personnel shown how the test conditions are controlled and recorded? | | You may only answer “Yes” to this question if a member of the Candidate Facility’s test personnel was able to explain and demonstrate the Candidate Facility’s method for both: (i) controlling the test conditions properly; and (ii) recording test conditions accurately. | |  Yes   No   N/A |  |
| **Test Equipment Documentation** | | | | | | | |
| 10.3 | | Has the Candidate Facility documented for all Bluetooth test equipment on site at the Candidate Facility? | | You may only answer “Yes” to this question if the Candidate Facility’s test personnel have both: (i) provided you with an inventory list of all Bluetooth test equipment available on site at the Candidate Facility that are applicable to any test within the Proposed Accreditation Scope, which inventory list must include the serial number for each piece of equipment; and (ii) physically identified each piece of Bluetooth test equipment on site listed in the inventory. | |  Yes   No   N/A |  |
| 10.4 | | Can the Candidate Facility’s test personnel identify all of the pieces of Bluetooth test equipment applicable to the Proposed Accreditation Scope? | | You may only answer “Yes” to this question if a member of the Candidate Facility’s test personnel has demonstrated that he or she is able to correctly identify all pieces of Bluetooth test equipment on site at the Candidate Facility that are applicable to the Propose Accreditation Scope. | |  Yes   No   N/A |  |
| 10.5 | | Does the Candidate Facility have a documented process for the ongoing calibration of every Bluetooth test equipment applicable to the Proposed Accreditation Scope for which calibration is recommended or required based on the test equipment manufacturer’s instructions (e.g., within the manual or other documentation)? | | To answer yes, the Candidate Facility must have provided a copy of the document (s) for every Bluetooth test equipment applicable to the Proposed Accreditation Scope, for which calibration is recommended or required based on the test equipment manufacturer’s instructions (e.g., within the manual or other documentation). | |  Yes   No   N/A |  |
| **Bluetooth Test System Capability Process** | | | | | | | |
| 10.6 | Does the Candidate Facility have a documented procedure in place for continuously updating test equipment relative to validated, commercially available test cases? | |  | |  Yes   No   N/A | |  |
| 10.7 | | Did the Candidate Facility provide the version numbers of all validated Bluetooth test equipment on site, and show that the versions are either validated or current? | | You may only answer “Yes” to this question if the version number for each piece of Bluetooth test equipment on site at the Candidate Facility is the same as the validated or most current Bluetooth test equipment version numbers found in TCRL [5]. | |  Yes   No   N/A |  |

# Test Facility Responsibilities

**Instructions to Bluetooth Technical Assessor:** Please answer Question 11.1 by checking “Yes,” “No,” or “N/A” in the table below. Additional, question-specific instructions (if any) are set forth in the “Additional Criteria for Assessment” column in the table below.

If you answer “No” or “N/A” to any question, or have other comments for Bluetooth SIG, record an explanation in the space provided for “Assessor Comments.”

| **Question No.** | **Question** | **Additional Criteria for Assessment** | **Assessor Response** | **Assessor Comments** |
| --- | --- | --- | --- | --- |
| 11.1 | Does the Candidate Facility have a documented requirement to ensure that test personnel receive ongoing education on Bluetooth technology? |  |  Yes   No   N/A |  |

# Recommendation and Attestation

I recommend that the Candidate Facility (check one):

be recognized as a Bluetooth Qualification Test Facility or Bluetooth Recognized Test Facility (as indicated in Section 4)

NOT be recognized as a Bluetooth Qualification Test Facility or Bluetooth Recognized Test Facility

**Additional Bluetooth Technical Assessor Comments:**

I represent and warrant, personally and as an authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [INSERT NAME OF BLUETOOTH TECHNICAL ASSESSOR ORGANIZATION] that: (a) I have completed this Bluetooth Technical Checklist in accordance with the instructions herein; (b)that my response to each question in this Technical Checklist is true and accurate; and (c) if I have recommended above that the Candidate Facility be recognized as a Bluetooth Qualification Test Facility or Bluetooth Recognized Test Facility, I have verified that the Candidate Facility satisfied all criteria that the Candidate Facility was required to satisfy in order to answer “Yes” to all questions in this Technical Checklist.

Bluetooth Technical Assessor Signature Date

Print Name