State _____ Team name _____ Team # _____ Operator's Name _____

Mnth/Yr _____/_____ Radio Type _____ CH _____ Base _____ Mobile _____ Unit # _____

(Use a separate sheet for each channel monitored and for base and mobile operations. Submit reports monthly.)

	DAY OF THE MONTH																														
Hour of Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
0001-0059 12:00-12:59 A.M.																																
0100-0159 1:00-1:59 A.M.																																
0200-0259 2:00-2:59 A.M.																																
0300-0359 3:00-3:59 A.M.																																
0400-0459 4:00-4:59 A.M.																																
0500-0559 5:00-5:59 A.M.																																
0600-0659 6:00-6:59 A.M.																																
0700-0759 7:00-7:59 A.M.																																
0800-0859 8:00-8:59 A.M.																																
0900-0959 9:00-9:59 A.M.																																
1000-1059 10:00-10:59 A.M.																																
1100-1159 11:00-11:59 A.M.																																
1200-1259 12:00-12:59 P.M.																																
1300-1359 1:00-1:59 P.M.																																
1400-1459 2:00-2:59 P.M.																																
1500-1559 3:00-3:59 P.M.																																
1600-1659 4:00-4:59 P.M.																																
1700-1759 5:00-5:59 P.M.																																
1800-1859 6:00-6:59 P.M.																																
1900-1959 7:00-7:59 P.M.																																
2000-2059 8:00-8:59 P.M.																																
2100-2159 9:00-9:59 P.M.																																
2200-2259 10:00-10:59 P.M.																																
2300-2359 11:00-11:59 P.M.																																
TOTALS																																