COMM Log		1. Incident Name and Activation Number			ımber	2. Operational Period (Date/Time) From: To:	
3. Reporting Station Information							
Callsign		Name				Location	
Radio Make / Model		Output Power Antenna Height		Antenna Type			
4.		Station LOG					
Time		Received Station				Additional Notes	
(24:00)	(24:00) Call Sign		Readability	Signal Strength Contact?			

	Field Title	Instructions
1	Incident Name / Number	Enter the name and activation number assigned to the incident
2	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time
3	Reporting Station Information	Enter the name and call sign of the radio operator and details of the station.
4	Station Log	Time: Enter the local time in 24-hour format
		Callsign: Enter the call sign of the station you heard
		Readability: Enter a value based on "RST" values below
		Signal Strength: Enter a value based on "RST" values below
		Contact?: Yes / No if you were able to establish contact with that station.
		"RST" Values
	Readability	1: Unreadable
		2: Barely readable, occasional words distinguishable
		3: Readable with considerable difficulty
		4: Readable with practically no difficulty
		5: Perfectly readable
	Signal Strength	1: Faint—signals barely perceptible
		2: Very weak signals
		3: Weak signals
		4: Fair signals
		5: Fairly good signals
		6: Good signals
		7: Moderately strong signals
		8: Strong signals
		9: Extremely strong signals