

	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