STATION LOG

Station: _____

Month/Year: _____

Required Monthly Test (RMT) Received   Required Monthly Test (RMT) Transmitted

Received From	Date	Time	Date	Time	

Explanation for RMT not received and/or transmitted

Required Weekly Test (RWT) Received

SOURCE	WEEK OF	WEEK OF	WEEK OF	WEEK OF	WEEK OF
	Date:	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:	Time:
	Date:	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:	Time:
IPAWS	Date:	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:	Time:

Required Weekly Test (RWT) Transmitted

WEEK OF	DATE	TIME	Notes

Explanation of RWT receive or transmisson failures

Notation of Tower Light Malfunction and corrective action

Weekly Log Review by Chief Operator or Designee

WEEK OF	SIGNATURE