

**IREDELL COUNTY FIXED ARES FM STATION
TEST and ACTIVITY REPORT**

Date mmm/dd/yyyy	Operator's Signature	Operator's Call Sign	LocalTime Started 0001 - 2359	LocalTime Ended 0001 - 2359
/ /				

Station Location
Check ONE [✓]
<input type="checkbox"/> Davis Regional Medical Center <input type="checkbox"/> Iredell Memorial Hospital <input type="checkbox"/> Mooresville ARC <input type="checkbox"/> Emergency Operations Center <input type="checkbox"/> Lake Norman Regional Medical Center <input type="checkbox"/> Statesville ARC

Station Routine and Technical Tests Conducted
Check all that apply [✓]
<input type="checkbox"/> R Two-way FM Communications via _____ Repeater , Signal Report: _____
<input type="checkbox"/> R Two-way FM Simplex Communications with: Station Call Sign _____, Signal Report: _____
<input type="checkbox"/> R/T Receive Frequency – Frequency, mHz: Dup- _____, Sim- _____ (3 decimal places)
<input type="checkbox"/> R/T Transmitter Frequency – Frequency, mHz: Dup- _____, Sim- _____ (3 decimal places)
<input type="checkbox"/> T Bird Wattmeter Measurements – Low: _____ Watts High: _____ Watts
<input type="checkbox"/> T SWR Measurements in Watts – Forward: _____ Watts, Reverse: _____ Watts.
<input type="checkbox"/> T Transmitter Modulation Deviation Measurement – Results: _____ kHz Dev.

Station Activity Conducted
Check all that apply [✓]
<input type="checkbox"/> Operated as Iredell County ARES Net Control Station
<input type="checkbox"/> Checked into the Iredell County ARES Weekly Training Net
<input type="checkbox"/> Participated in an Iredell County ARES Routine Training Exercise
<input type="checkbox"/> Participated in an Iredell County ARES – FEMA McGuire Nuclear Emergency Evaluation Plan Exercise
<input type="checkbox"/> Participated in an Iredell County ARES EMERGENCY Net – Event: _____

Type and Number of Messages Handled during Station Activity
Check all that apply [✓]
<input type="checkbox"/> Emergency, Formal: _____ <input type="checkbox"/> Priority, Formal: _____ <input type="checkbox"/> Health & Welfare: _____ <input type="checkbox"/> Emergency, Tactical: _____ <input type="checkbox"/> Priority, Tactical: _____ <input type="checkbox"/> Routine, Formal: _____

Make a copy of this Report and give to Engineer or Person in Charge of Location