

DAILY REPORT OF AIR TRAFFIC CONTROL FACILITY

For use of this form, see FM 3-04.303; the proponent agency is TRADOC.

1. PERIOD COVERED (UTC)

FROM		TO	
a. HOUR	b. DATE	c. HOUR	d. DATE

2. LOCATION	3. TYPE OF FACILITY	4. CHIEF'S SIGNATURE
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5. TIME (UTC)	6. REMARKS

THE ENTRIES ABOVE ARE CORRECT; ALL SCHEDULED OPERATIONS HAVE BEEN ACCOMPLISHED, EXCEPT AS NOTED, AND ALL ABNORMAL OCCURRENCES AND CONDITIONS HAVE BEEN RECORDED.

7. SHIFT LEADER'S SIGNATURE	8. SHIFT LEADER'S SIGNATURE
9. SHIFT LEADER'S SIGNATURE	10. SHIFT LEADER'S SIGNATURE