WAME / PHONE NUMBER OF ON-CALL MTL: INCLUSIVE DATES AND HOURS OF TOUR FROM: TO:			TOUR OF DUT	Y REPOR	Г		
NAME OF CQ / CQR (Last, First, MI) I UNDERSTAND MY CQ RESPONSIBILITIES BRIEFED BY (MTL/Name) DATE BRIEFED DATE BRIEFED DA	NAME / PHONE I	NUMBER OF ON-CALL	MTL:		INCLUSIVE DATES AND HOURS OF TOUR		
FIRE AND SECURITY CHECKS (Performed Randomly Every Hour)				FR	OM:	TO:	
	NAME OF CQ /	CQR (Last, First, MI)	I UNDERSTAND MY CQ RESPONSIBILITIE	ES B	RIEFED BY (MTL/Name)	DATE BRIEFED	
TIME FACILITY REMARKS TIME FACILITY REMARKS							
	TIME	FACILITY	REMARKS	TIME	FACILITY		REMARKS

SPECIAL INSTRUCTIONS / ADDITIONAL DUTY									
TIME NAME OF MTL		F MTL	TO BE ACCOMPLISHED			CQ RECEIVING INSTRUCTION			
			FPCOI	N LEVEL					
TIME ENTERED -		TIME ENTERED		TIME ENTERED _		TIME ENTERED			
ALPHA	CHARLIE	ALPHA	CHARLIE	ALPHA	CHARLIE	ALPHA	CHARLIE		
BRAVO	DELTA	BRAVO	DELTA	BRAVO	DELTA	BRAVO	DELTA		
REMARKS (Use	this space for reporti	ing any unusual i e plain bond pap	incidents, recommend per and staple to this re	ations, or additiona	l information for v	which sufficient space	has not been		
,	<u>, , , , , , , , , , , , , , , , , , , </u>	, ,,	,	,					
GRADE / NAME O	F MTL REVIEWING RE	PORT:			1	DATE			