

SPECIAL INSTRUCTIONS / ADDITIONAL DUTY

TIME	NAME OF MTL	TO BE ACCOMPLISHED	CQ RECEIVING INSTRUCTION

FPCON LEVEL

TIME ENTERED	TIME ENTERED	TIME ENTERED	TIME ENTERED
<input type="checkbox"/> ALPHA <input type="checkbox"/> CHARLIE <input type="checkbox"/> BRAVO <input type="checkbox"/> DELTA	<input type="checkbox"/> ALPHA <input type="checkbox"/> CHARLIE <input type="checkbox"/> BRAVO <input type="checkbox"/> DELTA	<input type="checkbox"/> ALPHA <input type="checkbox"/> CHARLIE <input type="checkbox"/> BRAVO <input type="checkbox"/> DELTA	<input type="checkbox"/> ALPHA <input type="checkbox"/> CHARLIE <input type="checkbox"/> BRAVO <input type="checkbox"/> DELTA

REMARKS *(Use this space for reporting any unusual incidents, recommendations, or additional information for which sufficient space has not been provided. If more space is required, use plain bond paper and staple to this report.)*

GRADE / NAME OF MTL REVIEWING REPORT:	DATE
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