

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Check In's: \_\_\_\_\_

**Short Time or mobile stations:**

Date \_\_\_\_\_

CheckIn #	Call	Traffic Y/N	Name	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**Regular Check-ins**

1				
2				
3				
4				
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