

Quality Reception Report

Full Name *

First Name Last Name

E-mail

example@example.com

Address Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Occupation

Receiver Type

Antenna Type

Date *

UTC Time *

Frequency *

Program Name *

Comments on Program

Stength

Excellent

Good

Fair

Poor

Weak

Interference

None

Slight

Moderate

Severe

Extreme

Noise

None

Slight

Moderate

Severe

Extreme

Fading

None

Slight

Moderate

Severe

Extreme

Overall Merit

Excellent

Good

Fair

Poor

Unusable