

Quality Reception Report

Name

First Name

Last Name

Email

Address *

Street Address

Street Address Line 2

City

State

Zip Code

Country

Occupation

Receiver Type

Antenna Type

Date *



Month Day Year

UTC Time *

Frequency *

Program Name *

Comments on Program *

Type a question

- 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