		Y "Z' RADIO) (Z	(R) I	RES	OURCE STATE	S (RESTAT) REPORT ZR3-11AD-F			
INCID	ENT NAME						OPERATIONAL PERIOD	PERIOD: (YYYY-MM.DD-TTTT – YYYY-MM.DD-TTTT)		
INCIDENT NUMBER							INCIDENT BEGAN:	(YY	(YYYY-MM.DD-TTTT) PAGE#	
	RTING STATION	SNCS	EC	C	C	Other:	RADIO FREQUENCY:			
	(REPO	ORT CONTA	NI	S CA	APA(CITY FOR TWE	NTY (20) RAD	IO OPERATORS		
М	CAL	LSIGN	ST	ΑΤι	JS ¹	AVAILABILI	TY DURING C	PS PERIOD	P-CODE	M-CODE
			Α	D	0					
			Α	D	0					
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		Α	D	0						
AVAILABLE: DELAYED: OUT OF SERVICE			E: NOTES:							
COMPLETED BY: (FNAME LNAME) CALLSIGN:						CALLSIGN:	INCIDENT P-CODE	: DATE-TIME COMPLETED	(YY)	YY-MM.DD-TTTT)
<u> </u>								1		

STATUS: Indicate "Available" or "Delayed" or "Out of Service" during contact for this report.

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