



U.S. Department of Transportation
Federal Aviation Administration

Daily Record of Facility Operation

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Date

Location	Identification	Type Facility	Operating Position	Checked By
				Air Traffic Manager

Time (UCT)	REMARKS

I CERTIFY that entries above are correct; that all scheduled operations have been accomplished, except as noted, and that all abnormal occurrences and conditions have been recorded.

Watch Supervisor(s) <i>Signature</i>	Watch Supervisor(s) <i>Signature</i>	Watch Supervisor(s) <i>Signature</i>

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REMARKS