

DAILY REPORT OF AIR TRAFFIC CONTROL FACILITY				Page _____ of _____	
For use of this form, see FM 3-04.303; the proponent agency is TRADOC.					
1. PERIOD COVERED (UTC)					
FROM			TO		
a. HOUR	b. DATE		c. HOUR	d. DATE	
2. LOCATION		3. TYPE OF FACILITY		4. CHIEF'S SIGNATURE	
5. TIME (UTC)	6. REMARKS				
THE ENTRIES ABOVE ARE CORRECT; ALL SCHEDULED OPERATIONS HAVE BEEN ACCOMPLISHED, EXCEPT AS NOTED, AND ALL ABNORMAL OCCURRENCES AND CONDITIONS HAVE BEEN RECORDED.					
7. SHIFT LEADER'S SIGNATURE			8. SHIFT LEADER'S SIGNATURE		
9. SHIFT LEADER'S SIGNATURE			10. SHIFT LEADER'S SIGNATURE		

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