M I	TAB	TAB •	TAB	TAB	TAB	TAB I	TAB	ГАВ I
ALARIN For use of this f	/I/INTRUSIC orm, see AR 190				INSTALLATION/ACTIVITY			
THIS FORM WILL BE USED IN ALL POSTS, CAMPS, AND STATIONS WHERE INTRUSION DETECTION DEVICES ARE USED								
LOCATION OF ALARM (a)	KIND OF ALARM¹ (b)	DATE (c)	TIME REPORTED (d)	TIME CLEARED (e)	WEATHER CONDITIONS (f)	ACTION TAKEN (g)	EXPLANATION OF NUISANCE/FALSE ALARM <sup>2</sup> (h)	UNIT OF INDIVIDUAL RECEIVING ALARM (i)
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¹ Indicate in column b whether alarm was 1-ACTUAL, 2-NUISANCE, 3-FALSE, 4-TEST.

<sup>&</sup>lt;sup>2</sup> Indicate in column h what caused the nuisance/false alarm. Use reverse side of form if additional space is needed.