



**ALL HAZARDS ALERT BROADCAST (AHAB) TEST
OBSERVATION REPORT**

Name:	Date:	
Which station did you observe?	What was your geographical/street location during the test?	
What was your approximate distance from the station you were observing?	What were the general weather conditions at the time of the observation?	
At the time of your observation, what variables may have contributed to the audibility of the station?	<input type="checkbox"/>	Wind
	<input type="checkbox"/>	Noise (industrial, traffic, etc.)
	<input type="checkbox"/>	Surf/Waves
	<input type="checkbox"/>	Rain
	<input type="checkbox"/>	Other
Did you hear the test tones/chimes?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
How well did you hear the test tones/chimes?	<input type="checkbox"/>	Could just barely hear it
	<input type="checkbox"/>	A little louder but still weak
	<input type="checkbox"/>	Moderate-somewhat normal
	<input type="checkbox"/>	Loud and clear
	<input type="checkbox"/>	Very loud
Did you hear the test message?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
How well could you understand the broadcast test message?	<input type="checkbox"/>	Could just barely understand the words
	<input type="checkbox"/>	A little louder, but could not understand all the words
	<input type="checkbox"/>	Moderate, somewhat normal
	<input type="checkbox"/>	Loud and clear, easily understood
	<input type="checkbox"/>	Very loud, clearly understood
Was the flashing blue light visible on top of the station?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Could not see the light