

Two-Way Radio Functionality Test Log

Basic Information

Date:

Technician:

Location:

Radio Model:

Serial Number:

Test Log

Test Item	Result	Notes
Power On/Off Functionality		
Transmit Function		
Receive Function		
Audio Clarity		
Battery Status		
Channel Selection		
Antenna Condition		
Accessory Port		
Other (Specify)		

Remarks

Technician Signature

Name:

Signature:

Date:
