

9-1-1 Call Test Log

PSAP Name: _____ Month: _____ Year: _____

Return Daily Testing Sheets to aacker@theprpc.org or fax to Ami Acker at 806-373-3268

Day	Time	Wireline Call	Wireless Call	Text	Initials	
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Mandatory One Per Week
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Mandatory One Per Week
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Mandatory One Per Week
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Mandatory One Per Week
23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
26		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
28		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Documentation of a wireline voice call, a wireless voice call, and a text are required by PSAP as stipulated by article 3.26 of the Interlocal Agreement for E9-1-1 Service and PSAP Equipment

9-1-1 Monthly Equipment Testing

PSAP Name: _____ Month: _____ Year: _____

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Date:	Wireline Call <input type="checkbox"/>	Wireless Call <input type="checkbox"/>	Text <input type="checkbox"/>
	ANI/ALI Verification <input type="checkbox"/>	Recording <input type="checkbox"/>	Printer <input type="checkbox"/>
Initials:	Call Transfer <input type="checkbox"/>	Abandoned Call <input type="checkbox"/>	Return Dial <input type="checkbox"/>
	TTY/TDD Call <input type="checkbox"/>	ANI Call Back <input type="checkbox"/>	

Required monthly testing by PSAP as stipulated by article 3.26 of the Interlocal Agreement for E9-1-1 Service and PSAP Equipment