

TEXT TEST LOG

PSAP: _____ Month/Year: _____

Log all text test calls. Test calls are to be performed by each call taker, each month.
 Maintain this record according to your agency's requirements.

Date	Time	Call Taker	Call Length	Call Disposition	Comments

Please complete the form and return to the TCOG 911 Program by the 5th of each month via mail, fax or electronic email.