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| **Agency Name:** | **Agency Point of Contact:** |
| **Date Prepared:** |  |

**Daily Operations Radio Communications Plan**

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| **Function** | **Channel Name (Talkgroup)** | **Description of Use** | **Monitored by** |
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| **Special Instructions:** | | | |

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| **Function** | **Channel Name (Talkgroup)** | **Description of Use** | **Monitored by** |
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| **Special Instructions:** | | | |

**EMERGENCY Operations Radio Communications Plan**

**Continuity of Operations Plan**

If an AWIN Outage is experienced in your area, please describe how communications will be handled. The following issues should be addressed: what are the systems used for backup communications, what is the maintenance plan for those systems and do agency personnel regularly train and exercise on backup communications.