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**VHF Radio Standard Operating Procedure (SOP) Template**
**Document Title: VHF Radio Standard Operating Procedure (SOP) **
**Version Number: ** [Version Number]
**Effective Date: ** [Effective Date]
**Review Date:** [Review Date]
**1. Purpose**
[Briefly describe the purpose of the SOP]
**2. Scope**
[Define the scope of the SOP, including who it applies to and under what
circumstances]
**3. Equipment**
- VHF Radio Model: [Model Name/Number]
- Antenna Type: [Type]
- Power Supply: [Type/Source]
**4. Definitions**
[List any terms or abbreviations used in the SOP]
**5. Procedures**
5.1 **Preparation**
- Ensure VHF radio is fully charged/connected to power supply.
- Perform a safety check on the antenna and connections.
5.2 **Initialization**
- Turn on the VHF radio using the power button.
- Set the volume to a comfortable level.
- Select the appropriate channel/frequency as per operational
requirements.
5.3 **Calling Procedure**
- Use the following format for calling:
 - [Example: "This is [Your Call Sign], over."]
- Wait for a response.
5.4 **Communication Protocol**
- Speak clearly and concisely.
- Use standard maritime language and phonetics.
- Confirm receipt of messages by repeating key information.
5.5 **Emergency Procedures**
- In case of emergency, use the following transmission:
 - [Example: "Mayday, Mayday; this is [Your Call Sign]."]
- Provide location and nature of the emergency.
5.6 **End of Transmission**
- Conclude with "over" for further communication or "out" if ending.
**6. Troubleshooting**
[Enumerate common issues and their solutions]
**7. Maintenance**
- Regularly check battery levels.
- Clean the radio exterior and connections.
- Schedule periodic testing of functionality.
**8. Training**
[List training requirements and schedules for personnel]
**9. References**
[List any applicable documents, manuals, or guidelines]
**10. Appendices**
- Appendix A: [Relevant Contact Information]
- Appendix B: [Channel List or Frequency Table]
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**Document Control**
- Prepared by: [Name/Title]
- Approved by: [Name/Title]
- Next Review Date: [Date]
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[End of SOP]