

Federal Communications Commission Washington, D.C. 20554		Approved by OMB 3060-1115 (June 2009)	FOR FCC USE ONLY
<b>FCC 388</b> <b>DTV Quarterly Activity Station Report</b>			FOR COMMISSION USE ONLY FILE NO. -
Licensee WQED MULTIMEDIA			
Call Sign WQEX	Facility Id 41314	Previous Call Sign (if applicable)	
Community of License			
City	State	County	Zip Code
PITTSBURGH	PA	ALLEGHENY	15213 -
Nielsen DMA PITTSBURGH	World Wide Web Home Page Address WWW.WQED.ORG	Licensee Renewal Expiration Date (mm/dd/yyyy) 08/01/2015	
Channel Numbers: (Check the Channel Number(s) to which this form applies.)			
<input checked="" type="checkbox"/> Analog	16		
<input checked="" type="checkbox"/> Digital	26		
Report reflects information for quarter ending: 09/30/2009			
Have you opted to comply with Option One, Two, or Three (once elected, this choice may not change)? <input checked="" type="radio"/> Option One (A and D) <input type="radio"/> Option Two (B and D) <input type="radio"/> Option Three (C and D)			
Over the past quarter, if you have fully complied with the requirements of the selected option?			<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments:			
Were you required to air service loss notices (See 47 C.F.R. 73. § 674(b)(5) for details)? If YES, Complete Section E			<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Simulcasting:</b>			
Prior to termination of signal, did you simulcast on your Analog channel and your primary Digital stream stream?  If YES, complete only one of the form for both. If NO, complete a form for your Analog Channel and a second for your primary Digital stream.			<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Application Purpose:</b>			
<input checked="" type="radio"/> DTV Education Report			
<input type="radio"/> Amendment			File Number -

If an amendment, include a comment explaining the reason and the portions of the pending application that are being revised.

### Section A (For broadcasters electing Option One).

On its analog channel, and its primary digital stream, a station must air three transition PSAs, and run three transition crawls, in every quarter of every day. Stations are required to air PSAs or crawls at various times in any given day part, and at least one PSA and one crawl per day must be run during primetime hours. On-air education must not contain inaccurate or misleading statements and must be provided in the same language as a majority of the programming carried by the station. PSAs must be at least 15 seconds, and closed-captioned. Crawls must run during programming for no fewer than 60 consecutive seconds across the bottom or top of the viewing area (See rules for additional details).

Have you aired a sufficient number of eligible PSAs (84 per week) during the correct quarters of the day?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you aired a sufficient number of eligible crawls (84 per week) during the correct quarters of the day?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Beginning April 1, 2009, Option One stations must also provide information about antenna use, the need for rescanning, and walk-in DTV help centers. These notices must be aired for no fewer than 15 seconds each, at least once per day, between 8 a.m. and 11:35 p.m., and at least three times per week between 8 p.m. and 11 p.m. in the Atlantic, Eastern and Pacific time zones, and between 7 p.m. and 10 p.m. in the Mountain, Central, and Alaskan time zones, until the station terminates analog programming, completes construction of its post-transition digital facility, and begins operation of that facility. The station may replace up to 25 percent of their daily PSAs and crawls with each type of notice (stations may choose alternative on-air methods to comply with these notice requirements, but if so they may not be counted toward the transition PSA/transition crawl obligations. See 47 C.F.R. § 73.674(b)(6)-(8) for additional details).

Have you aired a sufficient number of antenna information notices this quarter (one per day and at least three per week during primetime)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you aired a sufficient number of rescanning notices this quarter (one per day and at least three per week during primetime)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Have you aired a sufficient number of help center notices this quarter (one per day and at least three per week during primetime)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments:	

### Section D (For all broadcasters)

<b>Additional DTV On-air Initiatives - Last Quarter</b>	
Did your station run additional on-air initiatives (such as news reports, town hall meetings, and in particular, nightlight effort, etc.) during the quarter? The comment box may be used to describe these initiatives.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Comments:	

<b>Station Website Additional Activity Related to the DTV Transition - Last Quarter</b>	
Does your station have a Website?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If YES, did your station provide additional DTV related information or activities on that Website? The comment box may be used to describe what was posted on the station's Website.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Comments: THE LOCALLY PRODUCED "GETTING READY FOR THE DIGITAL CONVERSION: AN ONQ SPECIAL REPORT", CAN BE VIEWED ONLINE ON THE WEBSITE.	
<b>Additional DTV Outreach Efforts -- Last Quarter</b>	
Check all of the DTV related activities listed below that your station engaged in over the last quarter. The comment box may be used to describe this activity.	
<input type="checkbox"/> Speaking Engagements Comments:	
<input type="checkbox"/> Community Events Comments:	
<input type="checkbox"/> Other (describe) Comments:	
This comment box may be used to include other comments or information about your station's DTV activity over the last quarter.	
Comments:	

<b>Station Certification</b>	
I certify that the statements in this document are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.	
Typed or Printed Name of Person Signing	Typed or Printed Title of Person Signing PRESIDENT AND CEO
Signature GEORGE L. MILES, JR.	Date (mm/dd/yyyy)

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR

IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

#### **FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT**

We have estimated that each response to this collection of information will take 3 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1115), Washington, D.C. 20554. We will also accept your comments via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1115.

**THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.**