



HIGHVELD AMATEUR RADIO CLUB

SHACKNEWS

PO Box 19937 Sunward Park 1470

AUGUST 2006

Website <http://www.qls.net/zs6hvb/>
<http://www.qls.net/zs6ssc/>

e-mail zs6hvbinfo@telkomsa.net

Sunday morning BULLETINS - 145.7875 MHz & 7062 KHz @ ±08h45.

COMMUNICATION IS THE NAME OF THE GAME

Meeting Not the best turnout. Only 5 members present. A round table discussion ensued. The next meeting is the AGM. Takes place on Saturday 2 September 2006 at the usual venue. Notice and Balance sheet will be sent separately to members.

SSC A bring & braai was held at the QTH of Rex and Ingrid on Sunday 13 August. Not such a strong turnout as normal but those who attended certainly enjoyed themselves. Thanks again to Rex and Ingrid for the use of their property.

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TWO YAESU HAND-HELDS TO BE WON AT RTA

Attend the Radio Technology in Action Day at the National Amateur Radio Centre on **19 August** and you stand to win one of two Yaesu VHF hand-held transceivers as part of the attendance prize. Activity starts at 08:30 with registration followed by an action packed programme that will take you to many new aspects of Amateur Radio. Visit the SARL website at www.sarl.org.za for the full programme or send your fax number or email address to armi@sarl.org.za and a programme will be faxed or mailed to you. Some of the hi-tech lectures include "Software Defined radio, D-Star a new revolutionary approach and all about propagation research. If you live in a complex, find out about antennas for restricted spaces or relive the days of Marconi. With summer around the corner learn more about lightning and surge protection or explore with SA AMSAT what goes on under and above the ionosphere. If CW is your passion, learn how to send 20 words per minute with your PC. For the youth there is a special Youth Forum. So much to enjoy at the SARL RTA! Saturday 19 August from 08:30 - 16:00!

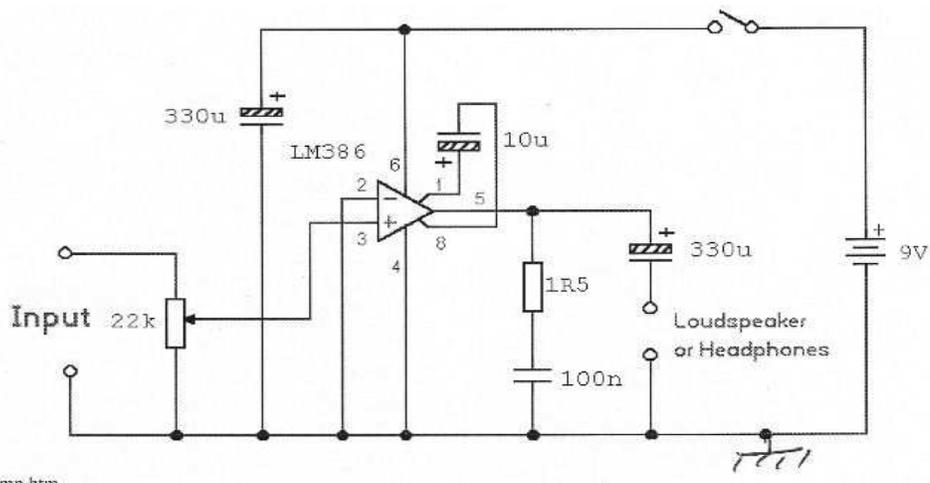
“Don't upset yourself when people frustrate you...

Look around at how beautiful the day is & take 3 long deep breaths...

This will give you the strength to bliksem them!!!”

Chairman:	Errol De Lange	ZS6KED	011-672-4702
Secretary / Treasurer:	Berridge Emmett	ZS6BFL	011-893-1291
Repeater/Packet Radio/Technical	Ton Van Dijk	ZS6ANA	011-942-3657
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Construction: Bench Amplifier



A small 325mW amplifier with a voltage gain of 200 that can be used as a bench amplifier, signal tracer or used to amplify the output from personal radios, etc.

The circuit is based on the National Semiconductor LM386 amplifier. In the diagram above, the LM386 forms a complete non-inverting amplifier with voltage gain of x200.

A datasheet in PDF format can be downloaded from the [National Semiconductor website](#). The IC is available in an 8 pin DIL package and several versions are available; the LM386N-1 which has 325mW output into an 8 ohm load, the LM386N-3 which has 700mW output and the LM386N-4 which offers 1000mW output. All versions work in this circuit. The gain of the LM386 can be controlled by the capacitor across pins 1 and 8. With the 10µ cap shown above, voltage gain is 200, omitting this capacitor and the gain of the amplifier is 20.

The IC works from 4 to 12Volts DC, 12Volt being the maximum recommended value. The internal input impedance of the amplifier is 50K, this is shunted with a 22k log potentiometer so input impedance in this circuit will be lower at about 15k. The input is DC coupled so care must be taken not to amplify any DC from the proceeding circuit, otherwise the loudspeaker may be damaged. A coupling capacitor may be included in series with the 22k control to prevent this from happening.

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SARL Club News 6/8/2006

I refer to the item in SARL News of 6 August about changes to Israeli Radio regs. **Dennis ZS4BS**

ISRAEL AMATEUR RADIO CLUB
P.O.B 17600 Tel-Aviv 61176
Tel Aviv, 5 Aug. 2006

Shalom

As I am out of the country for the past week, I have been trying to verify the article that appeared at the RSGB. As of today, August 5, I have been unable to get this story confirmed by anyone of our regulating authorities.

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The Executive of the IARC as of today is unaware of any changes in our licensing or operating practices. Also what is unknown to us, is how this story was started, and by whom?

As we cannot find the source or the originator of said message, I must assume that it an erroneous message.

Upon my return home, I will check it again, and will let you know any outcome.

Joseph Obstfeld 4X6KJ

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This could be useful (from the USA) Part 2 (from Jan ZS6ARV and the editors of Dipole – Sandton ARC)

STROKE: Remember The 1st Three Letters... S.T.R.

Possibly it is as well to know the correct symptoms: -

1. It is usually sudden
2. Often accompanied by headaches
3. Reduced level of consciousness
4. Loss of function of extremities
5. Hemiparesis or hemiplegia (Hemi = half: paresis = weakness (weakness of): plegia = paralysis)
6. Difference in size of pupils (eyes)
7. Nausea and vomiting
8. Hypertension (raised blood pressure)
9. Speech disturbances
10. In-coordination
11. Facial asymmetry
12. Drooling out of side of mouth.

Causes? Interruption of blood supplies to the brain for long enough to cause permanent damage to brain due to hypoxia (inadequate oxygen in the blood). Usually occurs in persons over 40 with history of hypertension or previous transient ischemic attacks. Blocked arteries (blood clot) ruptured or burst artery. Now we know why it is so serious.

Remember the basics? What are the two essentials that support life? Oxygen and sugar (you knew that not so?) so if we “cut” either to any part of the body especially the brain it translates into BIG trouble like death or permanent disablement.

Right (said Fred) now we can see why the patient cannot smile or gives a lopsided attempt to do so often with the “lop” staying as a fixture. So too the simple sentence, which is managed by speech disturbances, slurring of words and reduced consciousness? It is often impossible for our patient to raise both arms. He (or she) may lose the function of extremities so even shaking a leg will be impossible.

Now we have come across it, recognised it, panicked and donned the T-shirt.

I agree that to shout for help is critically important. The sooner the cavalry gets there the better for the patient and for you.

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Now we have called and are sitting next to the patient, microphones in hand watching him die. Not so nice.

We can help further by ensuring an open airway. Clean out the drool and lie patient on his side (recovery position) to avoid “drowning” in own saliva. If you know how and have the gear – apply suction and give oxygen at high rate. Protect the patient’s limbs – loss of sensation = loss of “feeling” and limbs can be injured without the patient’s knowledge.

NB something we can do – if breathing stops or heartbeat disappears, DO CPR. If you do not know how (shame on you) we can always run a CPR afternoon at the club!!

Sometimes we cannot wait for the ambulance or can convey our patient and save time by meeting the cavalry halfway to hospital (giving directions on route is important) so if we have to “load and go” transport in lateral position on PARALYSED SIDE.

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Need privacy @ work or home?



73 Berridge ZS6BFL

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