

A	B
DATE/TIME NOISE REDUCTION <input type="checkbox"/> ON <input type="checkbox"/> OFF	DATE/TIME NOISE REDUCTION <input type="checkbox"/> ON <input type="checkbox"/> OFF
	
A DATE TIME <input type="checkbox"/> MONO <input type="checkbox"/> STEREO NOISE REDUCTION [<input type="checkbox"/> ON <input type="checkbox"/> OFF]	B DATE TIME <input type="checkbox"/> MONO <input type="checkbox"/> STEREO NOISE REDUCTION [<input type="checkbox"/> ON <input type="checkbox"/> OFF] NO.