Emergency Alert National Test System (EANTS) Screenshots

Welcome screen displayed prior to November 9

Background Information screen showing fields for 'Broadcaster' EAS Participant option, and showing Emergency Contact Info

FC Federal
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Emergency Alert National Test System (EANTS)

Home   Form

Background Information

Approved by OMB 3060-0207

* All fields are required.

Participant Information

Legal Name of EAS Participant:

FCC Registration Number (FRN):   (Optional)

EAS Participant: ⊙ Broadcaster   ○ Cable Operator

Facility ID Number:

Call Sign:

Transmitter Location

Latitude: (eg: XXX.XXXXXXXX)

Longitude: (eg: XXX.XXXXXXXX)

Emergency Alert System

EAS Designation: Select...

Station Monitored for EAS:

Alternate Station Monitored for EAS:

Make and Model of EAS Equipment: Select...

Contact Information

	First Name	Last Name
Name of Person Providing Information:		

Phone: (Format: 888-123-4567)   Ext:

Cell Phone: (Format: 888-123-4567)

Email:

Alternate Email: (Optional)

Is this person the EAS Emergency Contact?   ○ Yes   ⊙ No

Emergency Contact Information

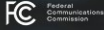|	First Name	Last Name
EAS Emergency Contact Name:		

Phone: (Format: 888-123-4567)   Ext:

Cell Phone: (Format: 888-123-4567)

Email:

Alternate Email: (Optional)

Submit

Background Information screen showing fields for 'Cable Operator' EAS Participant option; the EAS Equipment Make and Model selection as 'Other', and no Emergency Contact Info

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Home   Form

Background Information

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* All fields are required.

Participant Information

Legal Name of EAS Participant:

FCC Registration Number (FRN):   (Optional)

EAS Participant: ○ Broadcaster   ⦿ Cable Operator

Community Unit ID (CUID):

Physical System ID (PSID):

Transmitter Location

Latitude: (eg: XXX.XXXXXXXX)

Longitude: (eg: XXX.XXXXXXXX)

Emergency Alert System

EAS Designation: Select...

Station Monitored for EAS:

Alternate Station Monitored for EAS:

Make and Model of EAS Equipment: Other

Specify:

Contact Information

                                    First Name   Last Name

Name of Person Providing Information:

Phone: (Format: 888-123-4567)   Ext:

Cell Phone: (Format: 888-123-4567)

Email:

Alternate Email: (Optional)

Is this person the EAS Emergency Contact?   ⦿ Yes   ○ No

Submit

Background Information 'Information Submitted' screen

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Home

Thank you for your submission

›› Quit

You have submitted the following information:

Participant Information

Legal Name of EAS Participant:	[Name]
FCC Registration Number (FRN):	[FRN]
EAS Participant:	[Broadcaster/Cable Operator]
Facility ID Number/CUID:	[Facility ID Number/CUID]
Call Sign/PSID:	[Call Sign/PSID]

Structure Location

Latitude:	[XXX.XXXXXXXX]
Longitude:	[XXX.XXXXXXXX]

Emergency Alert System

EAS Designation:	[EAS Designation]
Station Monitored for EAS:	[Station]
Alternate Station Monitored for EAS:	[Alternate Station]
Make and Model of EAS Equipment:	[Make and Model]

Contact Information

Name of Person Providing Information:	[First Name] [Last Name]
Phone:	[888-123-4567 Ext: 57]
Cell Phone:	[888-123-4568]
Email:	[email@address.com]
Alternate Email:	[alternate-email@address.com]
Is this person the EAS Emergency Contact?	[Yes/No]

Emergency Contact Information

EAS Emergency Contact Name:	[First Name] [Last Name]
Phone:	[888-123-4567 Ext: 57]
Cell Phone:	[888-123-4568]
Email:	[email@address.com]
Alternate Email:	[alternate-email@address.com]

Welcome screen displayed on November 9

Day-of-Test Result screen showing fields for 'Broadcaster' EAS Participant option, and showing the second Emergency Alert question
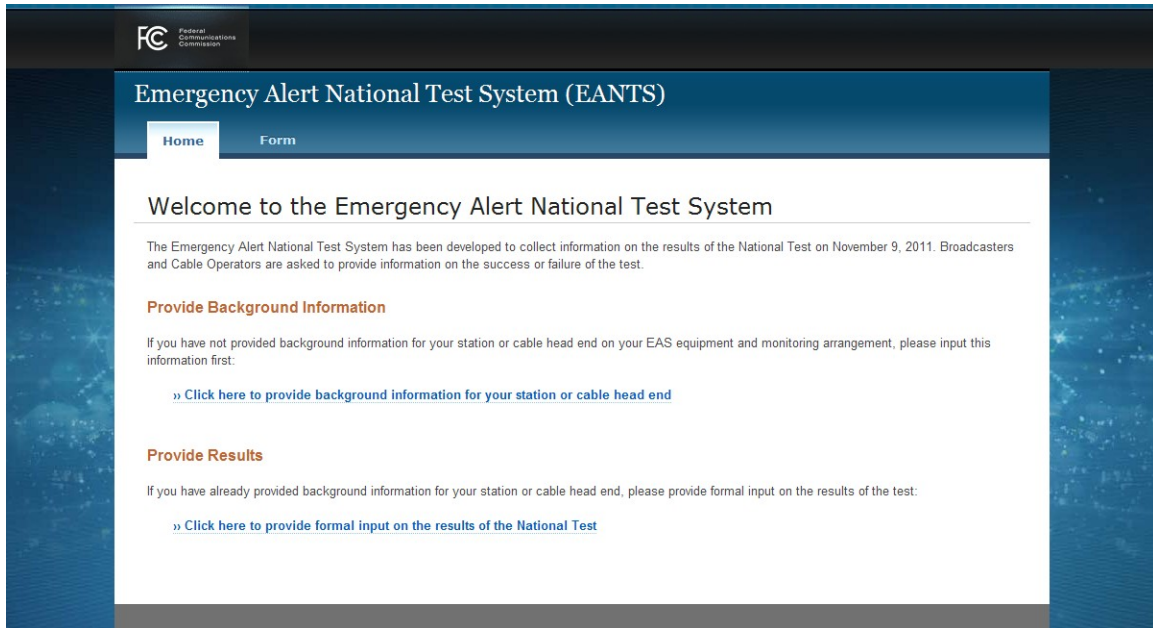
Day-of-Test Result screen showing fields for 'Cable Operator' EAS Participant option, and not showing the second Emergency Alert question

Day-of-Test Result 'Information Submitted' screen

Welcome screen displayed between November 10 and December 24

Detailed EAS Results screen showing field for 'Broadcaster' EAS Participant option
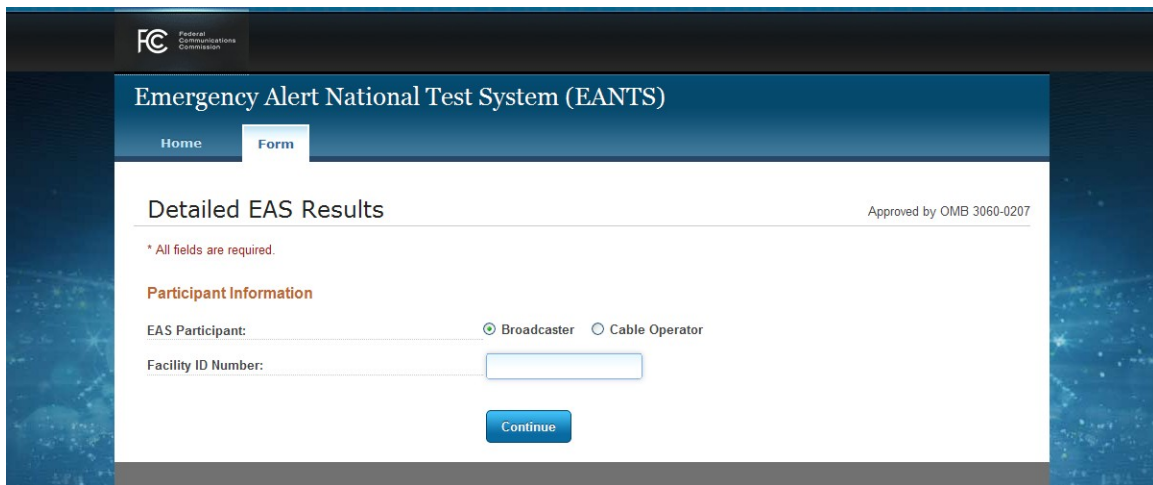
Detailed EAS Results screen showing field for 'Cable Operator' EAS Participant option

Detailed EAS Results screen showing fields for 'Broadcaster' EAS Participant option, with error example

Detailed EAS Results screen showing fields for 'Cable Operator' EAS Participant option, with error example

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Emergency Alert National Test System (EANTS)

Home | **Form**

Detailed EAS Results

Approved by OMB 3060-0207

* All fields are required.

The error(s) highlighted below must be corrected before saving

Participant Information

Legal Name of EAS Participant: [Name]

FCC Registration Number (FRN): (Optional) [FRN]

EAS Participant: ○ Broadcaster ⊙ Cable Operator

Community Unit ID (CUID): [CUID]

Physical System ID (PSID): [PSID]

Station monitoring at time of test:

✖ Please enter a valid email address
Email of person filing report:

Emergency Alert

Did you receive the emergency alert? ⊙ Yes ○ No

If required, were you able to pass the alert on to downstream station? ○ Yes ○ No

Explanation:

Date and Times

Message Receipt Date: (Format: MM/DD/YYYY)

EAN Message Receipt Time: (Format: HH:MM)

Time Zone: Select...

PEP Station Acknowledgement Time: (Format: HH:MM)

Initiation of Broadcast Time of EAN: (Format: HH:MM)

Submit

Detailed EAS Results 'Information Submitted' screen

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Emergency Alert National Test System (EANTS)

Home

Thank you for your submission

›› Quit

You have submitted the following information:

Participant Information

Legal Name of EAS Participant:	[Name]
FCC Registration Number (FRN):	[FRN]
EAS Participant:	[Broadcaster/Cable Operator]
Facility ID Number/CUID:	[Facility ID Number/CUID]
Call Sign/PSID:	[Call Sign/PSID]
Station monitoring at time of test:	[Station]
Email of person filing report:	[Email]

Emergency Alert

Did you receive the emergency alert?	[Yes/No]
If required, were you able to pass the alert on to downstream station?	[Yes/No]
Explanation	[Explanation]

Date and Times

Message Receipt Date:	[MM/DD/YYYY]
EAN Message Receipt Time:	[HH:MM]
Time Zone:	[Time Zone]
PEP Station Acknowledgement Time:	[HH:MM]
Initiation of Broadcast Time of EAN:	[HH:MM]