

Emergency Alert National Test System (EANTS) Screenshots

Welcome screen displayed prior to November 9

FCC Federal Communications Commission

Emergency Alert National Test System (EANTS)

[Home](#) [Form](#)

Welcome to the Emergency Alert National Test System

The Emergency Alert National Test System has been developed to collect information on the results of the National Test on November 9, 2011. Broadcasters and Cable Operators are asked to provide information on the success or failure of the test. You will be asked to provide input three times:

1. **Prior to November 9**, please provide background information
2. **On November 9**, please provide information on whether you received the alert and whether you passed on the alert
3. **Between November 10 and December 24**, please provide more detailed information on the success or failure of the test.

Provide Background Information

[» Click here to provide background information for your station or cable head end](#)

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

The screenshot shows a web form titled "Emergency Alert National Test System (EANTS)" with a "Form" tab selected. The form is for "Background Information" and includes a note that all fields are required. It is divided into several sections: Participant Information, Transmitter Location, Emergency Alert System, Contact Information, and Emergency Contact Information. Each section contains various input fields, including text boxes, dropdown menus, and radio buttons. A "Submit" button is located at the bottom of the form.

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:

Station Monitored for EAS:

Alternate Station Monitored for EAS:

Make and Model of EAS Equipment:

Contact Information

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

EAS Emergency Contact Name:

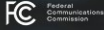
Phone: (Format: 888-123-4567) Ext:

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

Email:

Alternate Email: (Optional)

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



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

Community Unit ID (CUID):

Physical System ID (PSID):

Transmitter Location

Latitude: (eg: XXX.XXXXXXXX)

Longitude: (eg: XXX.XXXXXXXX)

Emergency Alert System

EAS Designation:

Station Monitored for EAS:

Alternate Station Monitored for EAS:


Make and Model of EAS Equipment:

Specify:

Contact Information

Name of Person Providing Information:	<input type="text"/>	<input type="text"/>
Phone:	<small>(Format: 888-123-4567)</small> <input type="text"/>	Ext: <input type="text"/>
Cell Phone:	<small>(Format: 888-123-4567)</small> <input type="text"/>	
Email:	<input type="text"/>	
Alternate Email:	<small>(Optional)</small> <input type="text"/>	
Is this person the EAS Emergency Contact?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Background Information 'Information Submitted' screen



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]

Structure Location

Latitude: [XXX.XXXXXXX]
Longitude: [XXX.XXXXXXX]

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

Emergency Alert National Test System (EANTS)

[Home](#) [Form](#)

Welcome to the Emergency Alert National Test System

The Emergency Alert National Test System has been developed to collect information on the results of the National Test on November 9, 2011. Broadcasters and Cable Operators are asked to provide information on the success or failure of the test.

Provide Immediate Information

Please provide immediate information on the success or failure of the National Test for your station or cable head end:

[» Click here to provide the result of the National Test](#)

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Day-of-Test Result screen showing fields for 'Broadcaster' EAS Participant option, and showing the second Emergency Alert question

FC Federal Communications Commission

Emergency Alert National Test System (EANTS)

Home **Form**

Day-of-Test Result

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:

Email address of person filing the 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

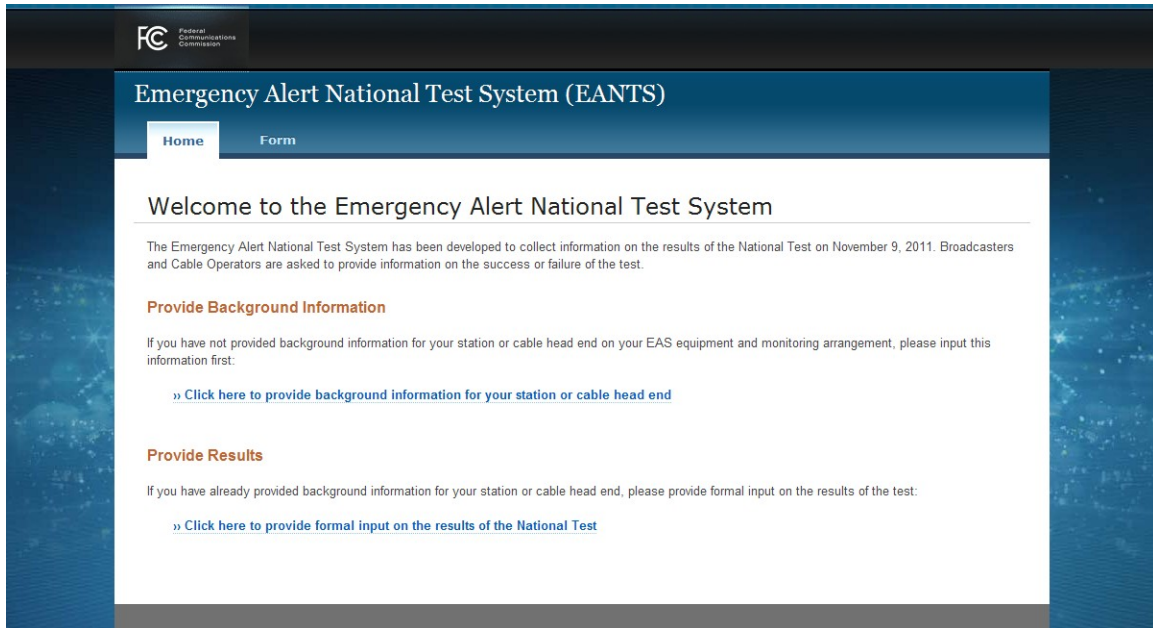
Day-of-Test Result screen showing fields for 'Cable Operator' EAS Participant option, and not showing the second Emergency Alert question

The screenshot shows the 'Day-of-Test Result' form in the Emergency Alert National Test System (EANTS). The form is titled 'Day-of-Test Result' and includes a navigation bar with 'Home' and 'Form' tabs. A note states '* All fields are required.' The form is divided into two sections: 'Participant Information' and 'Emergency Alert'. The 'Participant Information' section contains the following fields: 'Legal Name of EAS Participant' (text input), 'FCC Registration Number (FRN):' (text input, marked as optional), 'EAS Participant:' (radio buttons for 'Broadcaster' and 'Cable Operator', with 'Cable Operator' selected), 'Community Unit ID (CUID):' (text input), 'Physical System ID (PSID):' (text input), and 'Email address of person filing the report:' (text input). The 'Emergency Alert' section contains the question 'Did you receive the emergency alert?' with radio buttons for 'Yes' and 'No', where 'No' is selected. A 'Submit' button is located at the bottom of the form. The top right corner of the page indicates 'Approved by OMB 3060-0207'.

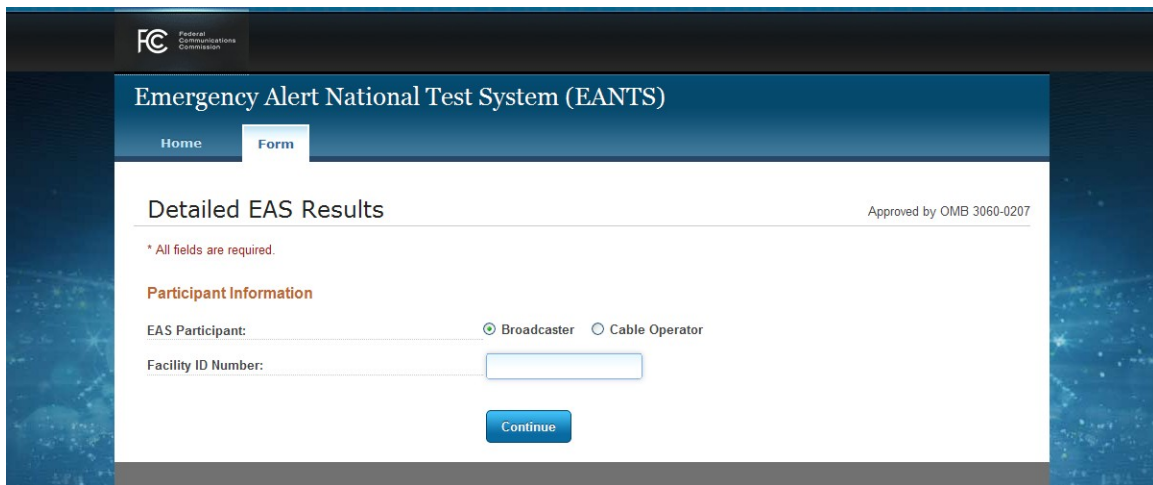
Day-of-Test Result 'Information Submitted' screen

The screenshot shows the 'Information Submitted' confirmation screen in the Emergency Alert National Test System (EANTS). The page is titled 'Thank you for your submission' and includes a 'Home' tab and a 'Quit' link. A message states 'You have submitted the following information:'. The information is summarized in two sections: 'Participant Information' and 'Emergency Alert'. The 'Participant Information' section lists: '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]', and 'Email of person filing report: [Email]'. The 'Emergency Alert' section lists: 'Did you receive the emergency alert? [Yes/No]' and 'If required, were you able to pass the alert on to downstream station? [Yes/No]'. The 'Quit' link is located in the top right corner.

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

The screenshot displays the 'Detailed EAS Results' page within the Emergency Alert National Test System (EANTS). The page header includes the Federal Communications Commission (FCC) logo and the text 'Emergency Alert National Test System (EANTS)'. Below the header, there are navigation tabs for 'Home' and 'Form'. The main content area is titled 'Detailed EAS Results' and includes a reference to 'Approved by OMB 3060-0207'. A note states '* All fields are required.' The 'Participant Information' section contains two radio buttons: 'Broadcaster' and 'Cable Operator', with the latter being selected. Below this, there is a text input field for 'Physical System ID (PSID)' and a blue 'Continue' button.

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

FC Federal Communications Commission

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:

FCC Registration Number (FRN): (Optional)

EAS Participant: Broadcaster Cable Operator

Facility ID Number:

Call Sign:

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:

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

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

Submit

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

FC Federal Communications Commission

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:

FCC Registration Number (FRN): (Optional)

EAS Participant: Broadcaster Cable Operator

Community Unit ID (CUID):

Physical System ID (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:

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

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

Submit

Detailed EAS Results 'Information Submitted' screen

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]