

# 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:

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

## 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

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## 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

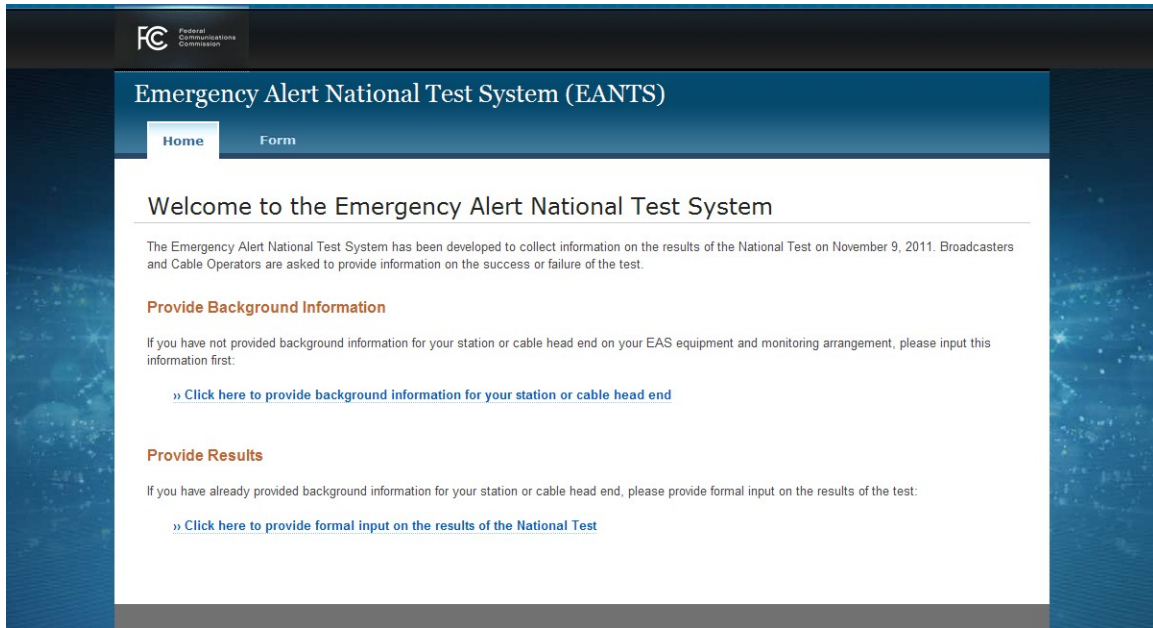
**Day-of-Test Result screen** showing fields for 'Cable Operator' EAS Participant option, and not showing the second Emergency Alert question

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:', 'FCC Registration Number (FRN):' (marked as optional), 'EAS Participant:' with radio buttons for 'Broadcaster' and 'Cable Operator' (the latter is selected), 'Community Unit ID (CUID):', 'Physical System ID (PSID):', and 'Email address of person filing the report:'. The 'Emergency Alert' section contains the question 'Did you receive the emergency alert?' with radio buttons for 'Yes' and 'No' (the latter is selected). A 'Submit' button is located at the bottom of the form.

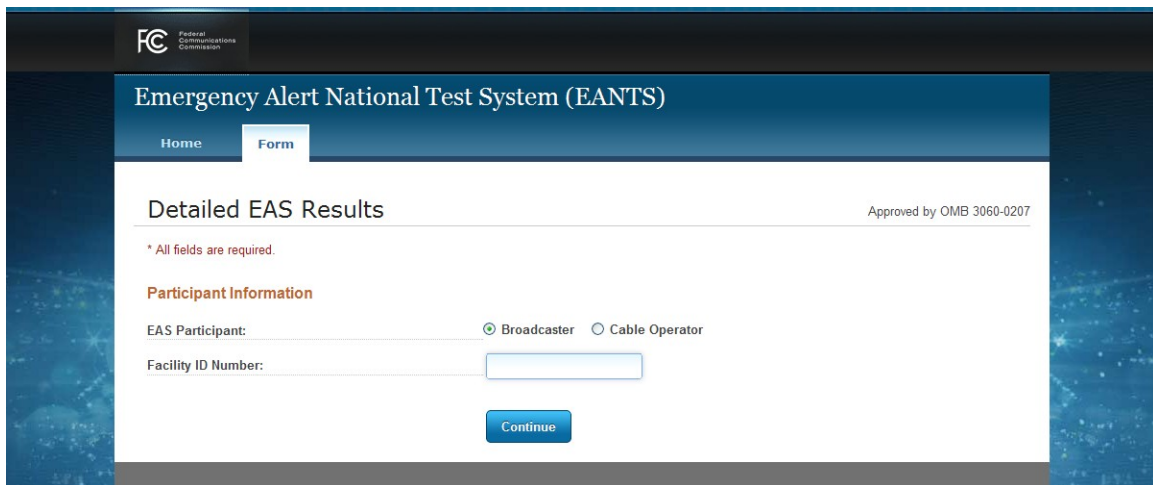
**Day-of-Test Result 'Information Submitted' screen**

The screenshot shows the 'Information Submitted' confirmation screen in the Emergency Alert National Test System (EANTS). The screen is titled 'Thank you for your submission' and includes a navigation bar with a 'Home' tab and a 'Quit' link. A note states 'You have submitted the following information:'. The screen displays the submitted information 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

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## Emergency Alert National Test System (EANTS)

Home Form

### Detailed EAS Results

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\* All fields are required.

**Participant Information**

EAS Participant:  Broadcaster  Cable Operator

Physical System ID (PSID):

Continue

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

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## Emergency Alert National Test System (EANTS)

Home **Form**

### Detailed EAS Results

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\* 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

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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:

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]