EMERGENCY ALERT SYSTEM NATIONWIDE TEST REPORTING SYSTEM

INSTRUCTIONS

EAS Participants are required to provide information about their participation in the November 9, 2011 Nationwide Test. This includes information about their facilities, EAS equipment, and success or failure in receiving and, if required to do so, propagating the alert. The Emergency Alert System Nationwide Test Reporting System is designed to be a voluntary, minimally burdensome mechanism by which Broadcaster and Cable Service Provider EAS Participants may submit their required reports. The EAS Nationwide Test Reporting System collects this information in three separate forms.

FORM 1

If you are reporting information for more than one broadcast facility or cable headend, you will need to fill out and submit a separate form for each facility.

Participant Information

Legal Name of EAS Participant

Enter your company's legal or corporate name.

FCC Registration Number (FRN)

Enter your company's FCC Registration Number if it has one. This is the number the FCC assigned to you for conducting business before the Commission. This information will help us better identify your participation and correlate your data.

EAS Participant

Choose the "radio button" that describes the type of EAS Participant you are.

If you are a Broadcaster, two fields will open requiring you to enter the FCC assigned Facility ID number for your broadcast facility and the Call Sign under which the facility broadcasts. Please remember that you will need to fill out a separate form for each of your facilities.

If you are a Cable Operator, one field will open requiring you to enter the FCC assigned Physical System ID number for your headend. Please remember that you will need to fill out a separate form for each headend.

Transmitter/Headend Location

Enter the latitude and longitude of your broadcast transmitter or cable headend.

Emergency Alert System

EAS Designation

From the drop-down menu, choose the EAS Participant designation that your state's EAS plan assigned to your facility. If you are unsure of your facility's designation, please check your state's EAS plan. Copies of state plans are available at http://transition.fcc.gov/pshs/services/eas/chairs.html.

Station Monitored for EAS

Enter the EAS source that your state's EAS plan requires your facility to monitor for EAS broadcasts.

Alternate Station Monitored for EAS

Enter the call sign of the alternate source that your station monitors, if any.

Make of EAS Equipment

Choose the manufacturer of your encoder/decoder from the drop-down list. If your equipment's manufacturer is not listed, please choose "Other" and then provide manufacturer, model number and software version in the blank field.

Model/Software Version

Enter the model number and software version of the EAS Equipment you chose in the prior field. If you chose "Other," please insert the manufacturer and model number of your EAS equipment.

Contact Information

Name of Person Providing Information

Provide the first and last name of the individual filling out the form.

Phone

Enter the business phone number of the person providing the information on this form.

Cell Phone

Enter the cell phone number of the person providing the information on this form.

Email

Enter the business email address of the person providing the information on this form.

Alternate email

Enter an alternate email address for the person providing the information on this form.

Is this person the EAS Emergency Contact?

Indicate YES if the person providing the information on this form is the emergency contact for your facility. Otherwise, indicate NO. If you choose NO, Emergency Contact Information fields will open.

Emergency Contact Information

Fill out this section if the person providing the information on this form is not the emergency contact for answering questions about your facility related to the EAS Nationwide Test.

EAS Emergency Contact Name

Provide the first and last name of the emergency contact.

Phone

Enter the phone number of the emergency contact.

Cell Phone

Enter the cell phone number of the emergency contact.

Email

Enter the email address of the emergency contact.

Alternate email

Enter an alternate email address for the emergency contact.

Submit

Review all fields. If all information is correct, press SUBMIT to register your report with the Commission.

FORM 2

If you are reporting information for more than one broadcast facility or cable headend, you will need to fill out and submit a separate form for each facility.

Participant Information

Legal Name of EAS Participant

Enter your company's legal or corporate name.

FCC Registration Number (FRN)

Enter your company's FCC Registration Number if it has one. This is the number the FCC assigned to you for conducting business before the Commission. This information will help us to identify your facility, as well as your Form 1 information.

EAS Participant

Choose the "radio button" that describes the type of EAS Participant you are.

If you are a Broadcaster, two fields will open requiring you to enter the FCC assigned Facility ID number for your broadcast facility and the Call Sign under which the facility broadcasts. Please remember, you need to fill out a separate Form 2 for each of your facilities.

If you are a Cable Operator, one field will open requiring you to enter the FCC assigned Physical System ID number for your headend. Please remember, you need to fill out a separate Form 2 for each of your facilities.

Email address of person filing the report

Enter the email address of the person providing the information on this form.

Emergency Alert

Answer Yes or No to indicate whether the EAS equipment at your facility received the alert.

If you answer YES, a second field will pop up asking if your EAS equipment was able to propagate the alert on to a downstream station. Indicate Yes or No.

Submit

Review all fields. If all information is correct, press SUBMIT to register your report with the Commission.

FORM 3

If you are reporting information for more than one broadcast facility or cable headend, you will need to fill out and submit a separate form for each facility.

If you have not provided background information on Form 1 for your facility, you will be directed to first input this information on Form 1 using the provided link.

If you have already provided Form 1 background information for your facility, you may provide detailed results of the test on Form 3.

Participant Information

Legal Name of EAS Participant

Enter your company's legal or corporate name.

FCC Registration Number (FRN)

Enter your company's FCC Registration Number if it has one. This is the number the FCC assigned to you for conducting business before the Commission. This information will help us better identify your participation, and correlate all the data you have provided in Forms 1, 2 and 3.

EAS Participant

Choose the "radio button" that describes the type of EAS Participant you are.

If you are a Broadcaster, two fields will open requiring you to enter the FCC assigned Facility ID number for your broadcast facility and the Call Sign under which the facility broadcasts. Please remember, you need to fill out a separate Form 3 for each of your facilities.

If you are a Cable Operator, one field will open requiring you to enter the FCC assigned Physical System ID number for your headend. Please remember, you need to fill out a separate Form 3 for each of your facilities.

Source Monitored for EAS

Enter the source that your state's EAS plan requires your facility to monitor for EAS transmissions.

Email Person Filing Report

Enter the email address of the person providing the information on this form.

Emergency Alert

Did you receive the emergency alert?

Answer Yes or No to indicate whether the EAS equipment at your facility received the alert.

If required, were you able to pass the alert on to all communities?

Answer Yes or No to indicate whether the EAS equipment at your facility was able to propagate the alert to downstream EAS Participants.

Explanation

Provide as much detail about the success or failure of your facility in receiving and, if applicable, propagating the alert on to a downstream EAS Participant.

Date and Times

Message Receipt Date

Enter the date on which your facility received the emergency alert message.

EAN Message Receipt Time

Enter the time that your facility received the emergency alert message. You may enter it manually or choose a time from the pop open time table.

Time Zone

Choose the standard time zone from the drop down menu for the location of your facility.

National Primary Station Acknowledgement Time

This question applies only to National Primary Stations. Enter the time that you received the Emergency Alert Notification from FEMA. You may enter it manually or choose a time form the pop open time table.

Initiation of Broadcast Time of EAN

This question applies only to National Primary Stations. Enter the time that you initiated broadcast of the Emergency Alert Notification to downstream EAS Participants. You may enter it manually or choose a time form the pop open time table.

Submit

Review all fields. If all information is correct, press SUBMIT to register your report with the Commission. If you have not previously filled out Form 1, a message will appear requesting that you click on the link to Form 1 in order to provide background information for your station and cable headend.