

**NATIONWIDE EMERGENCY ALERT SYSTEM 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 Nationwide Emergency Alert System 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.

Special Note for Broadcasters: For Form 1, Form 2, and Form 3, Broadcasters are encouraged to provide information only for their main, full-power facilities. As described below in the instructions for Form 3, we request that Broadcasters provide information on their translator, booster and/or satellite facilities so that we may obtain as complete a picture as possible of the extent of EAN dissemination. Broadcasters may note in the Explanation field of Form 3 that they use or own such facilities and may submit information about their translator, booster and/or satellite facilities via paper submission (e.g., Excel spreadsheet). If submitting a paper filing, Broadcasters are encouraged to include each facility's FCC-issued Facility ID number, the latitude and longitude of the facility, and the main, full-power facility from which it should have received the EAN.

FORM 1 INSTRUCTIONS

If you are reporting information for more than one main, full power broadcasting 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. This field is optional.

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 transmitter 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 main, full-power facilities.

You can search for Facility ID numbers on the FCC website:

For FM stations, see <http://transition.fcc.gov/mb/audio/fmq.html>.

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For AM stations, see <http://transition.fcc.gov/mb/audio/amq.html>.

For TV stations, see <http://transition.fcc.gov/mb/video/tvq.html>.

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.

You can search for your PSID number on the FCC website at:
<http://fjallfoss.fcc.gov/coals7/forms/search/cableSearchNf.cfm>.

Transmitter/Headend Location

If you are a Broadcaster, enter the latitude and longitude of the licensed transmitter facility for which you have provided a Facility ID Number. Please remember that you will need to fill out a separate form for each of your facilities.

If you are a Cable Operator, enter the latitude and longitude of the headend where the EAS equipment is located. Please remember that you will need to fill out a separate form for each of your headends where EAS equipment is located.

The form requires latitude and longitude in decimal format. You do not need to enter a minus sign in the longitude field. Latitude and longitude can be either NAD27 or NAD83, but you must enter it in decimal format.

If you know your facility's latitude and longitude in degrees/minutes/seconds format, you may use an online conversion tool of your choosing or use the conversion tool available on the FCC website at <http://transition.fcc.gov/mb/audio/bickel/DDDMSS-decimal.html>.

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>. If you still cannot determine your facility's designation, choose Participating National (PN) from the drop down menu.

Station Monitored for EAS

Enter the primary EAS source that your state's EAS plan requires your facility to monitor for EAS broadcasts. This should be the first station that your EAS equipment is programmed to monitor.

Alternate Station Monitored for EAS

Enter the second source your state's EAS plan requires your facility to monitor. If your state's EAS plan allows you to monitor more than a primary and alternate source (for example, additional broadcasters or satellite sources), you will have the opportunity to use your final test results report in

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Form 3 to provide additional details about the sources that you monitor, and the source from which you actually received the EAN.

Make of EAS Equipment

Choose the manufacturer of your EAS equipment 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. This field is optional.

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. This field is optional.

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 Nationwide EAS Test.

EAS Emergency Contact Name

Provide the first and last name of the emergency contact.

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Phone

Enter the phone number of the emergency contact.

Cell Phone

Enter the cell phone number of the emergency contact. This field is optional.

Email

Enter the email address of the emergency contact.

Alternate email

Enter an alternate email address for the emergency contact. This field is optional.

Submit

Review all fields. If all information is correct, press SUBMIT to register your report with the Commission. Be advised that once you submit your information, you will not be able to access or change the information in the entry. If you believe that you have entered incorrect information, reenter the information and submit a new filing.

FORM 2 INSTRUCTIONS

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

Special Note for Broadcasters: For Form 1, Form 2, and Form 3, Broadcasters are encouraged to provide information only for their main, full-power facilities. As described below in the instructions for Form 3, we request that Broadcasters provide information on their translator, booster and/or satellite facilities so that we may obtain as complete a picture as possible of the extent of EAN dissemination. Broadcasters may note in the Explanation field of Form 3 that they use or own such facilities and may submit information about their translator, booster and/or satellite facilities via paper submission (*e.g.*, Excel spreadsheet). If submitting a paper filing, Broadcasters are encouraged to include each facility's FCC-issued Facility ID number, the latitude and longitude of the facility, and the main, full-power facility from which it should have received the EAN.

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. This field is optional.

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 main, full-power 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.

You can search for Facility ID numbers on the FCC website:

For FM stations, see <http://transition.fcc.gov/mb/audio/fmq.html>.

For AM stations, see <http://transition.fcc.gov/mb/audio/amq.html>.

For TV stations, see <http://transition.fcc.gov/mb/video/tvq.html>.

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 headend facilities.

You can search for your PSID number on the FCC website at:
<http://fjallfoss.fcc.gov/coals7/forms/search/cableSearchNf.cfm>.

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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 your EAS equipment received the alert.

If you answer YES, a second field will pop up asking, if required, 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. Be advised that once you submit your information, you will not be able to access or change the information in the entry. If you believe that you have entered incorrect information, reenter the information and submit a new filing.

FORM 3 INSTRUCTIONS

If you are reporting information for more than one main, full-power broadcasting 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.

Special Note for Broadcasters: For Form 1, Form 2, and Form 3, Broadcasters are encouraged to provide information only for their main, full-power facilities. As described below in the instructions for Form 3, we request that Broadcasters provide information on their translator, booster and/or satellite facilities so that we may obtain as complete a picture as possible of the extent of EAN dissemination. Broadcasters may note in the Explanation field of Form 3 that they use or own such facilities and may submit information about their translator, booster and/or satellite facilities via paper submission (e.g., Excel spreadsheet). If submitting a paper filing, Broadcasters are encouraged to include each facility's FCC-issued Facility ID number, the latitude and longitude of the facility, and the main, full-power facility from which it should have received the EAN.

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 main, full-power 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.

You can search for Facility ID numbers on the FCC website:

For FM stations, see <http://transition.fcc.gov/mb/audio/fmq.html>.

For AM stations, see <http://transition.fcc.gov/mb/audio/amq.html>.

For TV stations, see <http://transition.fcc.gov/mb/video/tvq.html>.

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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.

You can search for your PSID number on the FCC website at:
<http://fjallfoss.fcc.gov/coals7/forms/search/cableSearchNf.cfm>.

Source Monitored for EAS

Enter the primary source that your state's EAS plan requires you to monitor for EAS broadcasts. You may enter additional monitoring station information in the Explanation field below where you will describe the relative success or failure of your EAS equipment to receive the emergency alert.

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 your EAS equipment 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 EAS equipment in receiving and, if applicable, propagating the alert on to a downstream EAS Participant.

Please also use this space to provide additional information about the stations you monitor for EAS broadcasts

Please indicate here whether you use translators, boosters, and/or satellite facilities to fill in and/or expand the signal of your main, full-power facility. We encourage broadcasters to submit information about their translator, booster and/or satellite facilities via paper submission (*e.g.*, Excel spreadsheet). If submitting a paper filing, Broadcasters are encouraged to include each facility's FCC-issued Facility ID Number, the latitude and longitude of the facility, and the main, full-power facility from which it should have received the EAN.

Date and Times

Message Receipt Date

Enter the date on which your EAS equipment received the Emergency Action Notification.

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EAN Message Receipt Time

Enter the time that your EAS equipment received the Emergency Action Notification. 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 EAS equipment.

National Primary Station Acknowledgement Time

This question applies only to National Primary Stations. Enter the time that you received the Emergency Action Notification from FEMA. You may enter it manually or choose a time from 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 Action Notification to downstream EAS Participants. You may enter it manually or choose a time from 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.

Be advised that once you submit your information about the facility, you will not be able to access or change the information in the entry. If you believe that you have entered incorrect information, reenter the information and submit a new filing.