

Emergency Alert System Log

Facility: _____

Mandatory national activations and required tests
 Attach log of activations and tests of the EAS equipment

Month/Year: _____
 Start date - End date: _____

Weekly Tests RWT	Week starting				
Transmitted by This Facility	Date:	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:	Time:
	Sign:	Sign:	Sign:	Sign:	Sign:
Received from #1	Date:	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:	Time:
	Sign:	Sign:	Sign:	Sign:	Sign:
Received from #2	Date:	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:	Time:
	Sign:	Sign:	Sign:	Sign:	Sign:
Received from IPAWS (FEMA)	Date:	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:	Time:
	Sign:	Sign:	Sign:	Sign:	Sign:

Monthly Tests (RMT) or National Tests (NPT) or Special Tests ("live code" tests)

Receipt Date/Time	Received from	EAS Event Code	Transmit Date/Time	Signature and Notes

National Activations (EAN - Emergency Action Notification)

Receipt Date/Time	Received from	EAS Event Code	Transmit Date/Time	Signature and Notes

EAS Problems

If occurred, document reason(s) why an activation or required test (RWT, RMT, NPT or special test) is missing, not received or not transmitted

EAS Equipment Out of Service

If occurred, document the date and time any EAS equipment was removed and/or restored to service:

Reviewed weekly by individual responsible for EAS at this facility (or designee)

Week starting	Signature	Date