Weekly Tests RWT Week starting Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date:		lert System Lo	0	Facility	-	
Week starting Time: Date: Date	Mandatory national activations and required tests			Month/Year:		
RWT Fransmitted by This Facility Time: T	Attach log of activatio	ns and tests of the EAS	equipment	Start date - End date	e:	
RWT Fransmitted by This Facility Time: T						
Transmitted by This Facility Time: T	Weekly Tests	Week starting	Week starting	Week starting	Week starting	Week starting
This Facility Time: Time:	RWT					
Sign: Date: Date: Date: Date: Date: Date: Date: Date: Date: Sign: Sign	Transmitted by This Facility Received from #1	Date:	Date:	Date:	Date:	Date:
Date: Date		Time:	Time:	Time:	Time:	Time:
Time: Time: Time: Time: Time: Time: Time: Sign: Time:		Sign:	Sign:	Sign:	Sign:	Sign:
Sign: Date: Date: Date: Date: Date: Date: Date: Date: Date: Sign: Sign		Date:	Date:	Date:	Date:	Date:
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Time: Time: Time: Time: Time: Time: Time: Time: Time: Sign: Sign: Sign: Sign: Sign: Sign: Sign: Sign: Sign: Date: Date: Date: Date: Date: Date: Time: Time: Time: Time: Time: Time: Time: Time: Sign: Sign	Received from #2	Sign:	Sign:	Sign:	Sign:	Sign:
Sign: Date: Date: Date: Date: Date: Time: Time: Time: Time: Sign: Sign		Date:	Date:	Date:	Date:	Date:
Date: Date: Date: Date: Date: Time: Time		Time:		Time:	Time:	Time:
IPAWS (FEMA) Time: Time: Time: Time: Time: Sign: Sign		Sign:	Sign:	Sign:	Sign:	Sign:
Sign: Sign	Received from IPAWS (FEMA)	Date:	Date:	Date:	Date:	Date:
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 Foccurred, document reason(s) why an activation or required test (RWT, RMT, NPT or special test) is missing, not received or not transm EAS Equipment Out of Service Foccurred, 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)		Time:	Time:	Time:	Time:	Time:
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 occurred, document reason(s) why an activation or required test (RWT, RMT, NPT or special test) is missing, not received or not transmit Date/Time Signature and Notes EAS Equipment Out of Service foccurred, 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)		Sign:	Sign:	Sign:	Sign:	Sign:
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