

Emergency Alert System Log			Station: _____		
			Month/Year: _____		
Required Monthly Test (RMT) Received					
Received From	Date	Time	Signature or Notes		
Explanation for RMT not received:					
Required Monthly Test (RMT) Transmitted					
Date	Time Sent	Sent Within 1 Hour	Signature or Notes		
Explanation for RMT not Transmitted:					
Required Weekly Test (RWT) Received					
SOURCE	WEEK OF	WEEK OF	WEEK OF	WEEK OF	WEEK OF
	Date:	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:	Time:
	Initial:	Initial:	Initial:	Initial:	Initial:
	Date:	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	Time:	Time:
	Initial:	Initial:	Initial:	Initial:	Initial:
Required Weekly Test (RWT) Transmitted					
WEEK OF	DATE	TIME	SIGNATURE or NOTES		
Explanation of RWT Failures:					
Tower lights failures:					
Weekly Log Review by Chief Operator or Designee					
WEEK OF	SIGNATURE				