



EAP NOTIFICATIONS TEST FORM

Water Division/Dam Bureau



RSA/Rule: Env-Wr 507.01

A Test of the Emergency Action Plan (EAP) for:

Dam#: _____

Name: _____

Located in town/city of: _____

Conducted on: _____

By: _____

Check which applies:

All contacts were made in accordance with the most recent flowchart dated: _____

Some contacts were not made, or other problems were encountered – please explain:

Attach copies of any notification checklists received from participants.

Use of this form is optional, you may summarize your results in a letter or email to the Dam Bureau.