**ACCIDENT (INCIDENT) and/or OUTAGE EVENT NOTIFICATION RECORD**

**ELECTRIC – TELECOM - WATER**

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| Notification Received by: | | |  | | | | Date: | | Time: |
| **Utility/Operator Type:**  Electric;  Telecom;  Water | | | | | | | | | |
| **Utility/Operator Name:** | | | | | | | | | |
| **Name of Caller:** | | | | | Job Title: | | | Telephone #: | |
| **Follow-up Contact Name:** | | | | | Job Title: | | | Telephone #: | |
| **Type of Event** | | **Reporting Criteria** | | | | | | | |
| **Accident (Incident)** | | **Death**;  **Injury** requiring inpatient hospitalization;  $50,000 or more in Estimated **Property Damage** | | | | | | | |
| **Electric** **Outage** | | A **Forced Outage** of at least **3,000 customer-hours**.  An **Outage** lasting more than **10 hours** and that affects at least **50 customers**. | | | | | | | |
| **Telecom** **Outage – Population of 20,000 or more** | | **Outage** of **900,000 or more user-minutes** in a city with population of **20,000 or more people**  **Outage** that affects at least **677 OC3 minutes**  **Outage** that affects **any special offices and facilities** (e.g., a military base)  **Outage** that affects a **911** special facility | | | | | | | |
| **Telecom** **Outage – Population less than 20,000** | | **Outage** of **30,000 or more user-minutes** in city or county with population **less than 20,000 people**  **Outage** that affects at least **250 OC3 minutes**  **Outage** that affects **any special offices and facilities** (e.g., a military base)  **Outage** that affects a **911** special facility | | | | | | | |
| **Water** **Outage** | | An **unscheduled outage** resulting in **water pressure of less than 5 psig** in any water distribution main that affects **50 or more customers** or lasts more than **6 hours**. | | | | | | | |
| **Courtesy** | | Death (Not arising from or connected with the maintenance or operation of the premises, plant,  instrumentality or facilities of the operator, e.g., a fatal car crash involving a utility employee)  Fire Dept or Police Dept Response;  Minor Outage (below Reportable threshold);  **Significant media coverage** of an event that does not satisfy any Reportable criteria  Other: | | | | | | | |
| Start Date of **Event**:  & Approx. Time: | | | | | Date of **Discovery** :  & Approx. Time: | | | | |
| Description of **Accident (Incident)** and/or **Outage** and the Effects: | | | | | | | | | |
| Approximate Location of **Accident (Incident)**: | | | | | | | | | |
| Preliminary Indication of **Cause**: | Excavation Damage;  Leak/Short;  Rupture/Degradation;  Equipment Malfunction;  Operator Error;  Natural Forces Damage;  Customer Owned;  Vehicular Impact;  Unknown/Other: | | | | | | | | |
| If **Death**(s) are Indicated, what is the Approximate  Number of **Fatalities**: | | | | | | Utility: (); Utility Contractor: ();  Other (Public, 3rd Party Excavator, etc): () | | | |
| If **Injuries** are Indicated, what is the Approximate Number of Injured parties requiring **Inpatient Hospitalization**: | | | | | | Utility: (); Utility Contractor: ();  Other (Public, 3rd Party Excavator, etc): () | | | |
| If **Injuries** are Indicated, what is the Approximate Number of Injured parties **Not** requiring **Inpatient Hospitalization**: | | | | | | Utility: (); Utility Contractor: ();  Other (Public, 3rd Party Excavator, etc): () | | | |
| If **$50,000 or more in Damage** is Indicated, what are the primary cost factors?  (Select all that apply): | | | | Structural Damage/Repairs;  Facility Damage/Repairs;  Commodity Loss;  Injuries/Medical Treatment;  Outage/Restoration;  Paving Repair | | | | | |
| If Customer **Outage** made this Reportable or an Outage was associated with a Reportable Accident (Incident), approx. how many customers are effected: ( ); and what is projected duration until service is restored: () Hours | | | | | | | | | |
| Approximate Geographical Area affected by **Outage**: | | | | | | | | | |
| Description of steps being taken or contemplated by the utility to prevent further property damage or personal injury from occurring: | | | | | | | | | |

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