

California Public Utilities Commission
California Major Telephone Service Interruption Reporting Template
General Order 133-C

Date Filed: _____ Media Attention State of Emergency Declaration

Company: _____ **U#:** _____ **OCN:** _____

Date and Time Service Interruption (Start date and time): _____ (pst)

Service Restoration (Estimated date and time): _____ (pst)

Service Restoration (Actual date and time): _____ (pst)

Duration: _____ (minutes)

Explanation of Outage Duration: _____

Area(s) Affected by the Outage

Count(ies): _____ Cit(ies): _____

Location(s) of the Facility affected by the Outage

Count(ies): _____ Cit(ies): _____

Service(s) Affected *

E911 circuit Wireline Other(s), please specify: _____

Service(s) Affected for Wireline Users

No Dial Tone Toll Isolation Loss of 911 Other(s), please specify: _____

Number of Potentially Affected

Total Number of Assigned Wireline Phone Numbers: _____ (enter "0" if none affected)

Total Number of Blocked Calls: _____

Description of Incident: _____

Description of Cause(s) of the Outage

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Cable damage | <input type="checkbox"/> Diversity Failure | <input type="checkbox"/> Hardware Failure | <input type="checkbox"/> Power Failure |
| <input type="checkbox"/> Insufficient Data | <input type="checkbox"/> Simplex Conditioning | <input type="checkbox"/> Traffic System/ Overload | <input type="checkbox"/> Other/Unknown |
| <input type="checkbox"/> Design (<i>select one</i>) | <input type="checkbox"/> Environmental (<i>select one</i>) | <input type="checkbox"/> Procedural (<i>select one</i>) | |
| <input type="checkbox"/> Firmware | <input type="checkbox"/> External | <input type="checkbox"/> Other Vendor | |
| <input type="checkbox"/> Hardware | <input type="checkbox"/> Internal | <input type="checkbox"/> Service Provider | |
| <input type="checkbox"/> Software | | <input type="checkbox"/> System Vendor | |

Name and Type of Equipment that Failed: _____

Method(s) used to restore service: _____

Steps taken to restore service: _____

Steps taken to prevent reoccurrence: _____

Remarks/Comments: _____

Primary Utility Contact Information

Name: _____ Phone: _____ E-mail: _____