

INITIAL OUTAGE REPORT

Name of Carrier _____

Date and Time of Interruption _____

Area Affected _____

Cause of the outage _____

Estimated number of working lines affected _____

Estimated restoration time (if known) _____

List of Agencies/Government Officials/News Media Notified _____

FINAL OUTAGE REPORT

Name of the affected central office(s) _____

Type of equipment or facility involved with the outage if the outage is not central office related (including age of the equipment) _____

If the outage was a result of a cable cut, identify:

Contractor doing the work (or general public) _____

What type of lines were cut (copper or fiber) _____

Were locates requested: _____ Were locates completed: _____

Who performed the locates _____

Were locates correct _____

Number of working lines affected _____

Number of customer reports received related to outage _____

Description of corrective action taken _____

Actual Date & Time of Restoral of Service _____

Please Email form to psc.telecom@nebraska.gov

Updated 12/3/2024