

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) _____

Please Email form to cheryl.elton@nebraska.gov

FINAL OUTAGE REPORT

Name of the affected central office(s) with the switch manufacturer(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 _____

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