

# TEMPLATE

## NON-WIRELINE VOLUNTARY NETWORK OUTAGE INITIAL REPORTING TEMPLATE

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| Box a: Reporting Carrier/Service Provider                       | Box b: Contact Person                              |
| Box c: Telephone Number of Contact Person                       | Box d: Start Date (mm/dd/yy of Incident)           |
| Box e: Start Time of Impact (at outage location; 24-hour clock) | Box f: Geographic Area Affected                    |
| Box g: Estimated Number of Customers Affected                   | Box h: Types of Services Affected (if applicable)  |
| Box i: Duration of Outage<br>Hrs. ____ Min. ____                |  |
| Box j: Apparent or Known Cause                                  |  |
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| Box k: Name of Equipment Involved [OPTIONAL FIELD]              | Box l: Type of Equipment Involved [OPTIONAL FIELD] |
| Box m: Specific Part of Network Involved                        |  |
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| Box n: Methods Used to Restore Service [OPTIONAL FIELD]         |  |
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| Box o: Steps Taken to Prevent Recurrence                        |  |
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