

REQUESTED BY: <input type="checkbox"/> CUSTOMER <input type="checkbox"/> FFPC	RECOVERABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO _____	DATE: _____
CUSTOMER/CONTRACTOR NAME: _____		CUSTOMER REQUEST REC'D BY: _____
ACCOUNT # _____	LOCATION # _____	<input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> IN PERSON
PHONE #: _____	CALL RECEIVED: _____ AM/PM	
SITE ADDRESS: _____	DISPATCH TIME: _____ AM/PM	
<input type="checkbox"/> REGULAR HOURS <input type="checkbox"/> CALL-OUT HOURS		
COMMENTS:  		

REQUISITION DETAILS			
<input type="checkbox"/> SITE MEETING	<input type="checkbox"/> A.S.A.P	<input type="checkbox"/> SCHEDULED TIME	CUSTOMER PRESENCE REQUIRED/REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> TREES IN LINE	<input type="checkbox"/> CUSTOMER RESPONSIBILITY <input type="checkbox"/> FFPC RESPONSIBILITY <input type="checkbox"/> OTHER:		
<input type="checkbox"/> POWER QUALITY PROBLEMS	<input type="checkbox"/> CUSTOMER SIDE <input type="checkbox"/> FFPC SIDE		
<input type="checkbox"/> SAFETY CONCERN	<input type="checkbox"/> CUSTOMER SIDE <input type="checkbox"/> FFPC SIDE <input type="checkbox"/> OTHER:		
<input type="checkbox"/> DISCONNECT/RECONNECT	<input type="checkbox"/> PLUG METER TIME: _____	<input type="checkbox"/> UNPLUG METER TIME: _____	<input type="checkbox"/> METER OUT/LINES DOWN TIME: _____
	<input type="checkbox"/> @SOURCE (POLE/MIDSPAN) TIME: _____		
<input type="checkbox"/> NEW SERVICE	<input type="checkbox"/> LOW (<750VOLTS) <input type="checkbox"/> HIGH (>750VOLTS) <input type="checkbox"/> ESA AUTHORIZATION REC'D <input type="checkbox"/> SERVICE CONDITIONS SATISFIED		
<input type="checkbox"/> METER READ REQUEST	METER # FF _____ LAN ID _____ KWH _____ KVA _____		
<input type="checkbox"/> OUTAGE/TROUBLE/EMERGENCY	<input type="checkbox"/> NO POWER <input type="checkbox"/> PART POWER <input type="checkbox"/> OTHER		

APPOINTMENT SCHEDULED: <input type="checkbox"/> AM <input type="checkbox"/> PM	APPOINTMENT MET: <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE & TIME OF SCHEDULED MEETING WITH CUSTOMER	ARRIVAL DATE&TIME INITIALS
DATE & TIME OF RESCHEDULED MEETING WITH CUSTOMER	ARRIVAL DATE&TIME INITIALS

SITE VISIT RESULTS & COMMENTS: \_\_\_\_\_  WORK ORDER ISSUED: # \_\_\_\_\_

METER CHANGE		
<input type="checkbox"/> METER CHANGE  <input type="checkbox"/> DEFECTIVE METER <input type="checkbox"/> NEW SERVICE <input type="checkbox"/> TEMP SERVICE <input type="checkbox"/> REMOVE METER <input type="checkbox"/> RE-ENERGIZE SERVICE <input type="checkbox"/> METER BASE DAMAGE <input type="checkbox"/> OTHER	<p style="text-align: center;"><b>METER OUT:</b></p> #FF _____ READING (KWH) _____ DEMAND _____ <input type="checkbox"/> KW <input type="checkbox"/> KVA MULT. _____ TYPE _____ <input type="checkbox"/> 1PH <input type="checkbox"/> 3PH TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<p style="text-align: center;"><b>METER IN:</b></p> #FF _____ READING (KWH) _____ DEMAND _____ <input type="checkbox"/> KW <input type="checkbox"/> KVA MULT. _____ TYPE _____ <input type="checkbox"/> 1PH <input type="checkbox"/> 3PH TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM

TROUBLE / FIELD INTERRUPTION REPORT	
TROUBLE FINDINGS:  	
<input type="checkbox"/> INCIDENT DID NOT RESULT IN REPORTABLE OUTAGE	
FEEDER: A B D E F G	FAILURE TYPE: <input type="checkbox"/> OVERHEAD <input type="checkbox"/> UNDERGROUND
<input type="checkbox"/> PRIMARY FAILURE <input type="checkbox"/> SECONDARY FAILURE <input type="checkbox"/> NON-FFPC OWNED EQUIPMENT	
INTERRUPTING DEVICE: <input type="checkbox"/> BREAKER <input type="checkbox"/> FUSE <input type="checkbox"/> SWITCH <input type="checkbox"/> OTHER: _____	
INTERRUPTING DEVICE NAME/ID: _____	

<b>INTERRUPTION TYPE:</b> <input type="checkbox"/> PLANNED <input type="checkbox"/> UNPLANNED <input type="checkbox"/> CUSTOMER OWNED EQUIPMENT <input type="checkbox"/> LOSS OF SUPPLY			
<b>DESCRIPTION OF WORK &amp; RESTORATION PERFORMED:</b>			
			ESA REPORTABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>1. OUTAGE START TIME:</b>	AM / PM	<b>ESTIMATED # OF CUSTOMERS:</b>	
<b>EVENT 1. RESTORATION TIME:</b>	AM / PM	<b>EST. # OF CUSTOMERS:</b>	<b>RESTORATION DEVICE:</b>
<b>EVENT 2. RESTORATION TIME:</b>	AM / PM	<b>EST. # OF CUSTOMERS:</b>	<b>RESTORATION DEVICE:</b>
<b>EVENT 3. RESTORATION TIME:</b>	AM / PM	<b>EST. # OF CUSTOMERS:</b>	<b>RESTORATION DEVICE:</b>
<b>CAUSE: (SELECT ONE AND ONE SUB-CATEGORY AS APPLICABLE)</b>		<input type="checkbox"/> <b>0 - UNKNOWN/OTHER</b> CUSTOMER INTERRUPTIONS WITH NO APPARENT CAUSE	
<input type="checkbox"/> <b>1 - SCHEDULED OUTAGE</b> WORK ORDER # _____		<input type="checkbox"/> <b>2 - LOSS OF SUPPLY</b> INTERRUPTIONS DUE TO PROBLEMS ASSOCIATION WITH ASSETS OWNED/OPERATED BY ANOTHER PARTY AND/OR IN THE BULK ELECTRICITY SUPPLY SYSTEM	
<input type="checkbox"/> <b>3 - TREE CONTACT</b>		<input type="checkbox"/> <b>4 - LIGHTNING</b>	
<input type="checkbox"/> <b>5 - DEFECTIVE EQUIPMENT</b> <input type="checkbox"/> ARRESTER FAILURE <input type="checkbox"/> BROKEN INSULATOR <input type="checkbox"/> CABLE FAILURE <input type="checkbox"/> LOOSE CONNECTION <input type="checkbox"/> TERMINATION FAILURE <input type="checkbox"/> SPLICE FAILURE <input type="checkbox"/> SWITCH FAILURE <input type="checkbox"/> TRANSFORMER FAILURE <input type="checkbox"/> OTHER/UNKNOWN		<input type="checkbox"/> <b>6 - ADVERSE WEATHER</b> <input type="checkbox"/> RAIN <input type="checkbox"/> FREEZING RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> HIGH WINDS <input type="checkbox"/> EXTREME TEMPERATURE <input type="checkbox"/> OTHER	
<input type="checkbox"/> <b>7 - ADVERSE ENVIRONMENT</b> <input type="checkbox"/> FIRE <input type="checkbox"/> FLOOD <input type="checkbox"/> OTHER		<input type="checkbox"/> <b>8 - HUMAN ELEMENT</b> - Customer interruptions due to the interface of distributor staff with the distribution system.	
<input type="checkbox"/> <b>9 - FOREIGN INTERFACE</b> <input type="checkbox"/> BIRDS <input type="checkbox"/> SQUIRREL <input type="checkbox"/> RACCOON <input type="checkbox"/> VEHICLES <input type="checkbox"/> DIG-INS <input type="checkbox"/> OTHER <input type="checkbox"/> VANDALISM <input type="checkbox"/> SABOTAGE		<input type="checkbox"/> <b>MAJOR EVENT - FURTHER OEB REPORTING REQUIRED</b>	

  

RECORD OF INSPECTION AND CERTIFICATE				
<b>STATUS OF WORK:</b> <input type="checkbox"/> WORK COMPLETED <input type="checkbox"/> TEMPORARY REPAIRS MADE		<b>DATE &amp; TIME WORK COMPLETED:</b> _____ AM / PM		
<b>CONDITION MET?</b>	YES	NO	N/A	<b>COMMENTS</b>
APPROVED PLAN HAS BEEN FOLLOWED				
STANDARD DESIGNS HAVE BEEN APPLIED CORRECTLY				
LEGACY CONSTRUCTION REPLACEMENT				
APPROVED EQUIPMENT HAS BEEN USED				
NO UNDUE HAZARDS EXIST				
I HAVE RECEIVED TRAINING ON CV PROGRAM				
NON-CONFORMANCE REFERRED TO SUPERINTENDENT				
NON-CONFORMANCE(S) RECTIFIED				
<b>CERTIFICATE</b>				
This is to certify that the construction recorded on these documents for Fort Frances Power Corporation is consistent with the approved Plan, Standard Designs, Work Instructions or Legacy Construction and that approved equipment has been used.				
_____ NAME OF QUALIFIED PERSON WHO PERFORMED INSPECTION & ISSUED CERTIFICATE	_____ SIGNATURE	_____ DATE		

  

SUPERINTENDENT INCIDENT REVIEW	
<b>ACTUAL # OF CUSTOMERS AFFECTED BY OUTAGE:</b>	
<b>EVENT 1. ACTUAL # OF CUSTOMERS RESTORED:</b>	
<b>EVENT 2. ACTUAL # OF CUSTOMERS RESTORED:</b>	
<b>EVENT 3. ACTUAL # OF CUSTOMERS RESTORED:</b>	
<b>SUPERINTENDENT REVIEW CONDUCTED BY:</b>	
<b>COMMENTS:</b>	_____ SIGNATURE
	_____ DATE

OEB COMPLIANT:    YES    NO    N/A