

Disaster Information Reporting System - New User

Notice: Company ID is needed for users from companies on this list (the default is 11111111). The Coordinators set this ID for their company. If you are entering a new company name, you may leave the Company ID blank.

Reporting Company:

New Company (Type in new company name if applicable):

Company ID:

Type of Company:

Contact Person:

Phone Number: (###-###-####) **Extension:**

Cell Phone Number: (###-###-####)

Blackberry Number: (###-###-####)

E-Mail:

Address:

New Wireline Switch Disaster Report

Disaster:	TEST DISASTER
Company:	TESTCO
Type of Equipment:	<input type="text"/>
CLLI:	<input type="text"/>
Status:	<input type="text"/>
Number of Access Lines:	<input type="text"/>
Number of Working Numbers:	<input type="text"/>
Number of Working Numbers Down:	<input type="text"/>
Power Status:	<input type="text"/>
Generator Available:	<input type="text"/>
Latitude (nnn.nnnnnn):	<input type="text"/>
Longitude (nnn.nnnnnn):	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Notes:	<input type="text"/>

New Wireline Digital Loop Carrier (DLC) Disaster Report

Disaster:	TEST DISASTER
Company:	TESTCO
CLLI of Switch/Management Area:	<input type="text"/>
Number of DLC Down:	<input type="text"/>
Number of Working Numbers Down:	<input type="text"/>
State:	<input type="text" value="v"/>
Notes:	<input type="text"/>

New Wireline PSAP Disaster Report

Disaster:	TEST DISASTER
Company:	TESTCO
PSAP Name:	<input type="text"/>
Status:	<input type="text" value="v"/>
Status of ANI/ALI:	<input type="text" value="v"/>
Restoral Time (Projected or Actual):	<input type="text"/>
Area Served (e.g., County):	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="v"/>
Zip Code:	<input type="text"/>
Number of Customers Served by PSAP:	<input type="text"/>
Notes:	<input type="text"/>

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New Interoffice Facilities - Point to Point Disaster Report

Disaster:	TEST DISASTER
Company:	TESTCO
CLLI code for Facility Start:	<input type="text"/>
CLLI code for Facility End:	<input type="text"/>
Number of DS3s Affected (Down):	<input type="text"/>
Number of TSP Circuits Carried (Down) (in DS0 equivalent):	<input type="text"/>
Notes:	<input type="text"/>

New Interoffice Facilities - Rings Disaster Report

Disaster:	TEST DISASTER
Company:	TESTCO
Ring Name:	<input type="text"/>
Nodes on Ring:	<input type="text"/>
Number of DS3s Affected (Down):	<input type="text"/>
Number of TSP Circuits Carried (Down) (in DS0 equivalent) :	<input type="text"/>
Notes:	<input type="text"/>

New IXC Blocking Report

Disaster:	TEST DISASTER
Company:	TESTCO
State:	<input type="text" value=""/>
Time Period (in hours, e.g., 24):	<input type="text" value=""/>
Calls Blocked in Time Period:	<input type="text" value=""/>
Historical Calls Blocked in 24 Hours:	<input type="text" value=""/>
Notes:	<input type="text" value=""/>

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New Wireless MSC/STP Disaster Report

Disaster:	TEST DISASTER
Company:	TESTCO
Type of Equipment:	<input type="text"/>
GLLI:	<input type="text"/>
Status:	<input type="text"/>
Power Status:	<input type="text"/>
Generator Available:	<input type="text"/>
Latitude (nnn.nnnnnn):	<input type="text"/>
Longitude (nnn.nnnnnn):	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Notes:	<input type="text"/>

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New Wireless Cell Site by County Disaster Report

Disaster:	TEST DISASTER
Company:	TESTCO
County:	<input type="text"/>
Percent of Historical Capacity Available:	<input type="text"/>
Cell Sites Served:	<input type="text"/>
Cell Sites Affected (Down):	<input type="text"/>
Cell Sites Out Due to Cell Site Damage:	<input type="text"/>
Cell Sites Out Due to Transport:	<input type="text"/>
Cell Sites Out Due to No Power at Cell Site:	<input type="text"/>
Cell Sites on Back-Up Power:	<input type="text"/>
State:	<input type="text" value="v"/>
Notes:	<input type="text"/>

New Broadcast Disaster Report

Disaster:	TEST DISASTER
Company:	TESTCO
Facility ID:	<input type="text"/>
Type of Service:	<input type="text" value="v"/>
Call Sign:	<input type="text"/>
Status:	<input type="text" value="v"/>
Power Status of Transmitter:	<input type="text" value="v"/>
Generator Available:	<input type="text" value="v"/>
Fuel:	<input type="text" value="v"/>
Latitude (nnn.nnnnnn):	<input type="text"/>
Longitude (nnn.nnnnnn):	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="v"/>
Zip Code:	<input type="text"/>
Notes:	<input type="text"/>

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New CATV Disaster Report

Disaster:	TEST DISASTER
Company:	TESTCO
PSID:	<input type="text"/>
Community:	<input type="text"/>
Status:	<input type="text" value="v"/>
Restoral Time (Projected or Actual):	<input type="text"/>
Number of Subscribers Served (both up and down):	<input type="text"/>
Number of Subscribers Down:	<input type="text"/>
Number of Subscribers Status Unknown:	<input type="text"/>
County:	<input type="text"/>
State:	<input type="text" value="v"/>
Notes:	<input type="text"/>