

# Obtaining UserID

## New User

**Notice:** Company ID is needed for users from companies on this list (the default is 11111111). Outage 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:

Contact Person:

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

Extension:

E-Mail:

Address:

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# Notification Template

## Notification of New Outage Report

If this outage is a national security concern, please call DHS at (703) 235-5080

**Name of Reporting Entity (e.g., Company):** TESTCO

**Type of Entity Reporting Disruption:**

**Date of Incident:** 01/10/2011

**Local Time Incident Began (24 hr clock (nnnn)):**  **Time Zone:**

**Reason Reportable:**

**E911 Outage - Location Affects:**

**Failure Occurred in Another Companies Network:**

**Effects of the Outage**

**Number of Potentially Affected**

**Wireline Users:**

**Wireless (non-paging) Users:**

**Paging Users:**

**Cable Telephony Users:**

**Satellite Users:**

**Number Affected**

**Blocked Calls:**  **Real-Time:**  **Historic:**

**DS3s:**

**Lost SS7 MTP Messages:**  **Real-Time:**  **Historic:**

**Geographic Area Affected**

**State, Territory, Commonwealth, or the District of Columbia:**

**City:**

**Description of Incident**

**Primary Contact Person:** John Healy

**Phone Number:** 202-418-2448 **Extension:**

**E-mail Address:** john.healy@fcc.gov

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# Initial and Final Report Template

## Outage Report

Report Number: 11-01043010

Notification Date-Time: 01/10/2011 11:56

**Report Type:** Final Report  
**Name of Reporting Entity (e.g., Company):** TESTCO  
**Type of Entity Reporting Disruption:** Wireline Carrier  
**Date of Incident:** 01/10/2011  
**Local Time Incident Began (24 hr clock (nnnn)):** 1000 **Time Zone:** Eastern  
**Reason Reportable:** Wireline - 900,000 user-minutes  
**Outage Duration:** 0 Hrs 0 Min

**Explanation of Outage Duration (for incidents with partial restoration times)**

**Inside Building:**   
**E911 Outage - Location Affects:**   
**Failure Occurred in Another Companies Network:**

### Effects of the Outage

#### Services Affected

**Cable Telephony:**   
**Wireless (other than paging):**   
**E911:**   
**Paging:**   
**Satellite:**   
**Signaling (SS7):**   
**Wireline:**   
**Special Facilities (Airport, Government, etc.):**   
**Other (please specify):**

#### Number of Potentially Affected

**Wireline Users:** 1000  
**Wireless (non-paging) Users:**   
**Paging Users:**   
**Cable Telephony Users:**   
**Satellite Users:**

#### Number Affected

**Blocked Calls:**  **Real-Time:**  **Historic:**   
**DS3s:**   
**Lost SS7 MTP Messages:**  **Real-Time:**  **Historic:**   
**Mobile Switching Center (MSC) Failed:**

#### Geographic Area Affected

**State, Territory, Commonwealth, or the District of Columbia:** DISTRICT OF COLUMBIA  
**City:** Washington

**More Complete Description of Geographical Area of Outage**

[Description of Incident](#)

[Description of the Cause\(s\) of the Outage](#)

[Direct Cause](#): The direct cause is the immediate event that results in an outage. Please scroll down to the appropriate entry.

[Root Cause](#): The root cause is the underlying reason why the outage occurred. Please scroll down to the appropriate entry.

[Contributing Factors](#). Please scroll down to the appropriate entry.

[Contributing Factors](#). Please scroll down to the appropriate entry.

[Lack of Diversity Contributed to, or Caused, the Outage](#):

[Malicious Activity](#):

If yes, please explain

[Name and Type of Equipment that Failed](#):

[Specific Part of the Network Involved](#):

[Method\(s\) Used to Restore Service](#)

[Was Telecommunications Service Priority \(TSP\) involved in the Restoration of Service?](#)

[Steps Taken to Prevent Reoccurrence](#)

[Applicable Best Practice that might have prevented the Outage or reduced its effects](#) (See [Best Practices](#))

[Best Practices used to mitigate effects of Outage](#)

[Analysis of Best Practices](#)

[Remarks](#)

**[Primary Contact Person:](#)**

**[Phone Number:](#)**

**[Extension:](#)**

**[E-mail Address:](#)**

**[U.S. Postal Service Address:](#)**

**[Secondary Contact Person:](#)**

**[Phone Number:](#)**

**[Extension:](#)**

**[E-mail Address:](#)**

**[U.S. Postal Service Address:](#)**