

NOTICE: This report is **mandatory** under Public Law 93-275. Failure to comply may result in criminal fines, civil penalties and other sanctions as provided by law. For the sanctions and the provisions concerning the confidentiality of information submitted on this form, see General Information portion of the instructions. **Title 18 USC 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.**

RESPONSE DUE:

Within 1 hour of the incident, submit Schedule 1 and lines M - Q in Schedule 2 as an Emergency Alert report if criteria 1-8 are met.

Within 6 hours of the incident, submit Schedule 1 and lines M - Q in Schedule 2 as a Normal Report if only criteria 9-12 are met.

By the later of 24 hours after the recognition of the incident OR by the end of the next business day submit Schedule 1 & lines M - Q in Schedule 2 as a System Report if criteria 13-24 are met. *Note: 4:00pm local time will be considered the end of the business day*

Submit updates as needed and/or a final report (all of Schedules 1 and 2) within 72 hours of the incident.

For NERC reporting entities registered in the United States; NERC has approved that the form OE-417 meets the submittal requirements for NERC. There may be other applicable regional, state and local reporting requirements.

METHODS OF FILING RESPONSE

(Retain a completed copy of this form for your files.)

Online: Submit form via online submission at: <https://www.oe.netl.doe.gov/OE417/>

FAX: FAX Form OE-417 to the following facsimile number: (202) 586-8485.

Alternate: If you are unable to submit online or by fax, forms may be e-mailed to doehqec@hq.doe.gov, or call and report the information to the following telephone number: (202) 586-8100.

SCHEDULE 1 -- ALERT CRITERIA

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Criteria for Filing (Check all that apply)

See Instructions For More Information

**EMERGENCY ALERT
File within 1-Hour**

If any box 1-8 on the right is checked, this form must be filed within 1 hour of the incident; check Emergency Alert (for the Alert Status) on **Line A** below.

**NORMAL REPORT
File within 6-Hours**

If any box 9-12 on the right is checked AND none of the boxes 1-8 are checked, this form must be filed within 6 hours of the incident; check Normal Alert (for the Alert Status) on **Line A** below.

1. Physical attack that causes major interruptions or impacts to critical infrastructure facilities or to operations
 2. Cyber event that causes interruptions of electrical system operations
 3. Complete operational failure or shut-down of the transmission and/or distribution electrical system
 4. Electrical System Separation (Islanding) where part or parts of a power grid remain(s) operational in an otherwise blacked out area or within the partial failure of an integrated electrical system
 5. Uncontrolled loss of 300 Megawatts or more of firm system loads for 15 minutes or more from a single incident
 6. Firm load shedding of 100 Megawatts or more implemented under emergency operational policy
 7. System-wide voltage reductions of 3 percent or more
 8. Public appeal to reduce the use of electricity for purposes of maintaining the continuity of the Bulk Electric System
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9. Physical attack that could potentially impact electric power system adequacy or reliability; or vandalism which targets components of any security systems
 10. Cyber event that could potentially impact electric power system adequacy or reliability
 11. Loss of electric service to more than 50,000 customers for 1 hour or more
 12. Fuel supply emergencies that could impact electric power system adequacy or reliability

SCHEDULE 1 -- ALERT CRITERIA -- CONTINUED

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<p style="text-align: center;">SYSTEM REPORT File within 1-Business Day</p> <p>If any box 13-24 on the right is checked AND none of the boxes 1-12 are checked, this form must be filed by the later of 24 hours after the recognition of the incident <u>OR</u> by the end of the next business day. <i>Note:</i> 4:00pm local time will be considered the end of the business day. Check System Alert (for the Alert Status) on Line A below.</p>	<p>13. <input type="checkbox"/> Damage or destruction of a Facility within its Reliability Coordinator Area, Balancing Authority Area or Transmission Operator Area that results in action(s) to avoid a Bulk Electric System Emergency.</p> <p>14. <input type="checkbox"/> Damage or destruction of its Facility that results from actual or suspected intentional human action.</p> <p>15. <input type="checkbox"/> Physical threat to its Facility excluding weather or natural disaster related threats, which has the potential to degrade the normal operation of the Facility. Or suspicious device or activity at its Facility.</p> <p>16. <input type="checkbox"/> Physical threat to its Bulk Electric System control center, excluding weather or natural disaster related threats, which has the potential to degrade the normal operation of the control center. OR suspicious device or activity at its Bulk Electric System control center.</p> <p>17. <input type="checkbox"/> Bulk Electric System Emergency resulting in voltage deviation on a Facility; A voltage deviation of equal to or greater than 10% of nominal voltage sustained for greater than or equal to 15 continuous minutes.</p> <p>18. <input type="checkbox"/> Uncontrolled loss of 200 Megawatts or more of firm system loads for 15 minutes or more from a single incident for entities with previous year's peak demand less than or equal to 3,000 Megawatts</p> <p>19. <input type="checkbox"/> Total generation loss, within one minute of: greater than or equal to 2,000 Megawatts in the Eastern or Western Interconnection or greater than or equal to 1,400 Megawatts in the ERCOT Interconnection.</p> <p>20. <input type="checkbox"/> Complete loss of off-site power (LOOP) affecting a nuclear generating station per the Nuclear Plant Interface Requirements.</p> <p>21. <input type="checkbox"/> Unexpected Transmission loss within its area, contrary to design, of three or more Bulk Electric System Facilities caused by a common disturbance (excluding successful automatic reclosing).</p> <p>22. <input type="checkbox"/> Unplanned evacuation from its Bulk Electric System control center facility for 30 continuous minutes or more.</p> <p>23. <input type="checkbox"/> Complete loss of Interpersonal Communication and Alternative Interpersonal Communication capability affecting its staffed Bulk Electric System control center for 30 continuous minutes or more.</p> <p>24. <input type="checkbox"/> Complete loss of monitoring or control capability at its staffed Bulk Electric System control center for 30 continuous minutes or more.</p>
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If significant changes have occurred after filing the initial report, re-file the form with the changes and check Update (for the Alert Status) on **Line A** below.

The form must be re-filed within 72 hours of the incident with the latest information and Final (Alert Status) checked on **Line A** below, unless updated

LINE NO.						
A.	Alert Status (check one)	Emergency Alert <input type="checkbox"/> 1 Hour	Normal Report <input type="checkbox"/> 6 Hours	System Report <input type="checkbox"/> 1 Business Day	Update <input type="checkbox"/> As required	Final <input type="checkbox"/> 72 Hours
B.	Organization Name					
C.	Address of Principal Business Office					

SCHEDULE 1 -- ALERT NOTICE

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INCIDENT AND DISTURBANCE DATA

D.	Geographic Area(s) Affected (County, State)				
E.	Date/Time Incident Began (mm-dd-yy/hh:mm) using 24-hour clock	____ - ____ - ____ / ____: ____ mo dd yy hh mm	[] Eastern [] Pacific	[] Central [] Alaska	[] Mountain [] Hawaii
F.	Date/Time Incident Ended (mm-dd-yy/ hh:mm) using 24-hour clock	____ - ____ - ____ / ____: ____ mo dd yy hh mm	[] Eastern [] Pacific	[] Central [] Alaska	[] Mountain [] Hawaii
G.	Did the incident/disturbance originate in your system/area? (check one)	Yes []	No []	Unknown []	
H.	Estimate of Amount of Demand Involved (Peak Megawatts)		Zero []	Unknown []	
I.	Estimate of Number of Customers Affected		Zero []	Unknown []	

SCHEDULE 1 – TYPE OF EMERGENCY

Check all that apply

J. Cause	K. Impact	L. Action Taken
<input type="checkbox"/> Unknown <input type="checkbox"/> Physical attack <input type="checkbox"/> Threat of physical attack <input type="checkbox"/> Vandalism <input type="checkbox"/> Theft <input type="checkbox"/> Suspicious activity <input type="checkbox"/> Cyber event (information technology) <input type="checkbox"/> Cyber event (operational technology) <input type="checkbox"/> Fuel supply emergencies, interruption, or deficiency <input type="checkbox"/> Generator loss or failure not due to fuel supply interruption or deficiency or transmission failure <input type="checkbox"/> Transmission equipment failure (not including substation or switchyard) <input type="checkbox"/> Failure at high voltage substation or switchyard <input type="checkbox"/> Weather or natural disaster <input type="checkbox"/> Operator action(s) <input type="checkbox"/> Other <input type="checkbox"/> Additional Information/Comments:	<input type="checkbox"/> None <input type="checkbox"/> Control center loss, failure, or evacuation <input type="checkbox"/> Loss or degradation of control center monitoring or communication systems <input type="checkbox"/> Damage or destruction of a facility <input type="checkbox"/> Electrical system separation (islanding) <input type="checkbox"/> Complete operational failure or shutdown of the transmission and/or distribution system <input type="checkbox"/> Major transmission system interruption (three or more BES elements) <input type="checkbox"/> Major distribution system interruption <input type="checkbox"/> Uncontrolled loss of 200 MW or more of firm system loads for 15 minutes or more <input type="checkbox"/> Loss of electric service to more than 50,000 customers for 1 hour or more <input type="checkbox"/> System-wide voltage reductions or 3 percent or more <input type="checkbox"/> Voltage deviation on an individual facility of ≥10% for 15 minutes or more <input type="checkbox"/> Inadequate electric resources to serve load <input type="checkbox"/> Generating capacity loss of 1,400 MW or more <input type="checkbox"/> Generating capacity loss of 2,000 MW or more <input type="checkbox"/> Complete loss of off-site power to a nuclear generating station <input type="checkbox"/> Other <input type="checkbox"/> Additional Information/Comments:	<input type="checkbox"/> None <input type="checkbox"/> Shed Firm Load: Load shedding of 100 MW or more implemented under emergency operational policy (manually or automatically via UFLS or remedial action scheme) <input type="checkbox"/> Public appeal to reduce the use of electricity for the purpose of maintaining the continuity of the electric power system <input type="checkbox"/> Implemented a warning, alert, or contingency plan <input type="checkbox"/> Voltage reduction <input type="checkbox"/> Shed Interruptible Load <input type="checkbox"/> Repaired or restored <input type="checkbox"/> Mitigation implemented <input type="checkbox"/> Other <input type="checkbox"/> Additional Information/Comments

SCHEDULE 2 -- NARRATIVE DESCRIPTION

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Information on Schedule 2 will not be disclosed to the public to the extent that it satisfies the criteria for exemption under the Freedom of Information Act, e.g., exemptions for confidential commercial information and trade secrets, certain information that could endanger the physical safety of an individual, or information designated as Critical Energy Infrastructure Information.

NAME OF OFFICIAL THAT SHOULD BE CONTACTED FOR FOLLOW-UP OR ANY ADDITIONAL INFORMATION		
M.	Name	
N.	Title	
O.	Telephone Number	()-()-()
P.	FAX Number	()-()-()
Q.	E-mail Address	

Provide a description of the incident and actions taken to resolve it. Include as appropriate, the cause of the incident/disturbance, change in frequency, mitigation actions taken, equipment damaged, critical infrastructures interrupted, effects on other systems, and preliminary results from any investigations. Be sure to identify: the estimate restoration date, the name of any lost high voltage substations or switchyards, whether there was any electrical system separation (and if there were, what the islanding boundaries were), and the name of the generators and voltage lines that were lost (shown by capacity type and voltage size grouping). If necessary, copy and attach additional sheets. Equivalent documents, containing this information can be supplied to meet the requirement; this includes the NERC EOP-004 Disturbance Report. **Along with the filing of Schedule 2, a final (updated) Schedule 1 needs to be filed. Check the Final box on line 1 for Alert Status on Schedule 1 and submit this and the completed Schedule 2 no later than 72 hours after detection that a criterion was met.**

R. Narrative:

S. Estimated Restoration Date for all Affected Customers Who Can Receive Power	____ - ____ - ____ mo dd yy
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T. Name of Assets Impacted	
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U. Notify NERC/E-ISAC	<p>Select if you approve of all of the information provided on the Form being submitted to the North America Electric Reliability Corporation (NERC) and/or the Electricity Information Sharing and Analysis Center (E-ISAC)</p> <p>NERC is an entity that is certified by the Federal Energy Regulatory Commission to establish and enforce reliability standards for the bulk power system but that is not part of the Federal Government. This information would be submitted to help fulfill the respondent's requirements under NERC's reliability standards.</p> <p>If approval is given to alert NERC and/or E-ISAC the Form will be emailed to systemawareness@nerc.net and/or operations@eisac.com when it is submitted to DOE. DOE is not responsible for ensuring the receipt of these emails by NERC and/or E-ISAC.</p> <p style="text-align: center;"> <input type="checkbox"/> Notify NERC <input type="checkbox"/> Notify E-ISAC </p>
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