

Notification Report

Reporting Entity:

Cable Name:

List of All Licensees for that Cable:

Incident Start Date and Time:

Time Zone:

Date and Time Determined Reportable:

Description of Event:

Description of Cause:

Country of Cable Landing Station to Failure Site:

City of Cable Landing Station to Failure Site:

Location of the Event:

Nautical Miles from Closed Cable Landing Station: Direction from Closest Cable Landing Station:

OR

Latitude: Longitude:

Outage Duration Days:

Outage Duration Hours:

Was Event Related to Planned Maintenance?

Nature of Planned Maintenance Activity that Caused the Outage:

Contact Name:

Contact Email:

Contact Telephone:

Interim Report

SC Outage Number: SC-XXXXXXXX

Reporting Entity:

Cable Name:

List of All Licensees for that Cable:

Incident Start Date and Time:

Time Zone:

Date and Time Determined Reportable:

Description of Event:

Description of Cause:

Country of Cable Landing Station to Failure Site:

City of Cable Landing Station to Failure Site:

Location of the Event:

Nautical Miles from Closed Cable Landing Station:	<input type="text"/>	Direction from Closest Cable Landing Station:	<input type="text"/>
OR			
Latitude:	<input type="text"/>	Longitude:	<input type="text"/>

Outage Duration Days:

Outage Duration Hours:

Date and Time When Plan of Work Was Received:

Estimate of When the Cable is Scheduled to be Repaired:

Arrival Date and Time Repair Ship, if Any:

Date and Time of Repair:

Was Event Related to Planned Maintenance?

Nature of Planned Maintenance Activity that Caused the Outage:

--

Contact Name:

--

Contact Email:

--

Contact Telephone:

--

Final Report

SC Outage Number: SC-XXXXXXXX
Reporting Entity:
Cable Name:
List of All Licensees for that Cable:
Incident Start Date and Time:
Time Zone:
Date and Time Determined Reportable:
Description of Event:

Description of Cause:

Country of Cable Landing Station to Failure Site:
City of Cable Landing Station to Failure Site:

Location of the Event:
Nautical Miles from Closed Cable Landing Station: Direction from Closest Cable Landing Station:

OR
Latitude: Longitude:

Outage Duration Days:
Outage Duration Hours:

Date and Time When Plan of Work Was Received:

Estimate of When the Cable is Scheduled to be Repaired:

Arrival Date and Time Repair Ship, if Any:

Date and Time of Repair:

Was Event Related to Planned Maintenance?

Nature of Planned Maintenance Activity that Caused the Outage:

Restoration method:

Steps Taken to Prevent Recurrence:

Attestation Statement:

Contact Name:

Contact Email:

Contact Telephone:

