

INCIDENT NUMBER _____

911/E911 OUTAGE WORKSHEET

_____/_____/_____
DATE/TIME OPENED

_____/_____/_____
DATE/TIME CLOSED

OPENING SEOO

CLOSING SEOO

_____/_____/_____
DATE/TIME OUTAGE STARTED

_____/_____/_____
DATE/TIME OUTAGE ENDED

REPORTING PARTY NAME

REPORTING PARTY AGENCY

REPORTING PARTY LOCATION

REPORTING PARTY PHONE

NAME OF CITIES/LOCATIONS AFFECTED	NUMBER OF CITIZENS AFFECTED
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REASON FOR OUTAGE: _____

OUTAGE RESOLUTION: _____

******* NOTIFICATIONS *******

ADDITIONAL NOTIFICATIONS OR ACTIONS TAKEN: _____

County DEM _____ Affected 911 Center _____

Regional WSP Dispatch _____ UTC LNO _____

911 Provider _____

ASSISTANCE REQUESTED: _____

PAGE SENT: (FYI..ALL) (FYI..M/P) (EOC SUP) _____