

ELECTRIC AND COMMUNICATION INCIDENT REPORT

(OAR 860-024-0050)

PUBLIC UTILITY COMMISSION OF OREGON

Instructions: Fill in portion above double lines and
the appropriate following section.
Check options and fill in blanks.

Reporting Information & Phone Numbers

Section 1 (Immediate Notice – Phone/Fax)

For PUC Staff Only

Time Received ____:____ a.m./p.m. Date ____/____/____ Received By _____

Utility or Operator _____ Reported By _____

Phone Number (____) _____ Incident Date ____/____/____ Time ____:____ a.m./p.m.

Location of Incident – City _____ County _____ Address or Directions _____

Description of Incident _____

Personal Injury or Contact Information

Name _____ Age ____ Sex: M F

Injury Severity: Fatal *Hospital *Minor Injury No Injury

Name _____ Age ____ Sex: M F

Injury Severity: Fatal *Hospital *Minor Injury No Injury

Name _____ Age ____ Sex: M F

Injury Severity: Fatal *Hospital *Minor Injury No Injury

Name _____ Age ____ Sex: M F

Injury Severity: Fatal *Hospital *Minor Injury No Injury

Facility Type: *OH *UG Substation

Other _____ Voltage: _____

Work Related: Yes No Worker's Trade: _____

Employed By: _____

Utility notified of activity prior to incident: Yes No

Property Damage

(over \$100,000)

Estimated amount \$ _____

Service Outage

Date ____/____/____

Time Out _____ a.m./p.m.

Time In _____ a.m./p.m.

Customers Out _____

Number of Circuits _____

Reportable:

- Utility serving over 15,000 customers with 500 customers or more out over two hours.
- Utility serving less than 15,000 customers with 500 customers or more out over five hours.

Exception:

- Not reportable if outage is restricted to a single feeder and outage is less than four hours.

Personal Injury or Contact Information (Cont.)
Section 2 (Written Notice – within 20 days – Sections 1 and 2)

Weather Conditions (check one in each group):

Hot Warm Cool Cold Light Dim Dark
Dry Fog Light Rain Rain Wind: Heavy Light Calm
Visibility: Clear Impeded by _____

Area Type (check one or more):

Rural Suburban Urban Industrial Construction Site Other _____

General Activity (check one or more):

Construction Maintenance Utility Work Logging Agriculture
Recreation Residential Work Travel Other _____

Contact Type (check one or more):

*Lift *Crane Antenna Tree Sign Roof Boat Mast Air Collision Pole
Climbing Structure Kite Dig In Pipe Body Wire Down Other _____

COMMENTS: _____

*Definitions

- Y = Yes
- N = No
- OH = Overhead power lines
- UG = Underground power lines
- Lift = Includes forklifts, man lifts, etc.
(A fork, platform, or basket supports the load)
- Crane = Equipment designed to lift and move loads by means of a rope or cable
(Also includes hydraulic booms like that used for pumping cement)
- Hospitalized = Emergency room treatment is not considered “hospitalization”
- Minor Injury = Includes emergency treatment and release, first aid treatment, minor injury requiring no treatment, and other similar situations

Reporting Information & Phone/Fax Numbers

For reporting during normal working hours, the information can be given to a PUC secretary at (503) 378-6634. The PUC’s FAX is (503) 373-7752. Mail to: Jerry Murray, Oregon PUC, 550 Capitol St. NE, PO Box 2148, Salem, OR 97308-2148.

For those accidents involving fatalities and critical injuries only, we urge that you contact one of the following PUC safety personnel (listed in the preferred sequence) by telephone at the earliest practicable moment.

<u>Contact</u>	<u>Office Phone</u>	<u>E-mail</u>
Jerry Murray	(503) 378-6626	jerry.murray@state.or.us
John Wallace	(503) 373-1016	john.wallace@state.or.us
Gary Putnam	(503) 373-1832	gary.putnam@state.or.us
J. R. Gonzalez	(503) 373-1531	jose.gonzalez@state.or.us
Ed Busch	(503) 378-6625	
Lee Sparling	(503) 373-6137	