

U.S. Department of Energy Electricity Delivery and Energy Reliability Form OE-417	<i>ELECTRIC EMERGENCY INCIDENT AND DISTURBANCE REPORT</i>	Form Approved OMB No. 1901-0288 Approval Expires 01/31/15 Burden Per Response: 2.03 hours
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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 13-17 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 13-17 in Schedule 2 as a Normal Report if only criteria 9-12 are met. Submit updates as needed and a final report (all of Schedules 1 and 2) within 72 hours of the incident.

METHODS OF FILING RESPONSE
(Retain a completed copy of this form for your files.)

Online: Submit your form via online submission using the link at <http://www.oe.netl.doe.gov/oe417.aspx>.
E-mail: Submit your form via e-mail as an attachment to doehqeoc@hq.doe.gov.
FAX: FAX your Form OE-417 to the following facsimile number: (202) 586-8485. (Use if e-mail is not available.)
Telephone: **If you are unable to e-mail or fax the form, please call** and report the information to the following telephone number: (202) 586-8100.

SCHEDULE 1 -- ALERT NOTICE (page 1 of 3)

Criteria for Filing (Check all that apply)
See Instructions For More Information

<p>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 1 below.</p>	<p>1. <input type="checkbox"/> Physical attack that causes major interruptions or impacts to critical infrastructure facilities or to operations</p> <p>2. <input type="checkbox"/> Cyber event that causes interruptions of electrical system operations</p> <p>3. <input type="checkbox"/> Complete operational failure or shut-down of the transmission and/or distribution electrical system</p> <p>4. <input type="checkbox"/> 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</p> <p>5. <input type="checkbox"/> Uncontrolled loss of 300 Megawatts or more of firm system loads for more than 15 minutes from a single incident</p> <p>6. <input type="checkbox"/> Load shedding of 100 Megawatts or more implemented under emergency operational policy</p> <p>7. <input type="checkbox"/> System-wide voltage reductions of 3 percent or more</p> <p>8. <input type="checkbox"/> Public appeal to reduce the use of electricity for purposes of maintaining the continuity of the electric power system</p>
<p>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 1 below.</p>	<p>9. <input type="checkbox"/> Physical attack that could potentially impact electric power system adequacy or reliability; or vandalism which targets components of any security systems</p> <p>10. <input type="checkbox"/> Cyber event that could potentially impact electric power system adequacy or reliability</p> <p>11. <input type="checkbox"/> Loss of electric service to more than 50,000 customers for 1 hour or more</p> <p>12. <input type="checkbox"/> Fuel supply emergencies that could impact electric power system adequacy or reliability</p>

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 1** below.

The form must be re-filed within 72 hours of the incident with the latest information and with Final (for the Alert Status) checked on **Line 1** below

LINE NO.	ORGANIZATION FILING				
1.	Alert Status (check one)	Emergency Alert <input type="checkbox"/> 1 Hour	Normal Alert <input type="checkbox"/> 6 Hours	Update <input type="checkbox"/> As required	Final <input type="checkbox"/> 72 Hours
2.	Organization Name				
3.	Address of Principal Business Office				

SCHEDULE 1 -- ALERT NOTICE (page 2 of 3)

INCIDENT AND DISTURBANCE DATA

4.	Geographic Area(s) Affected			Unknown []
5.	Date/Time Incident Began (mm-dd-yy/hh:mm) using 24-hour clock	____ - ____ - ____ / ____ : ____	[] Eastern [] Central [] Mountain [] Pacific [] Alaska [] Hawaii	
6.	Date/Time Incident Ended (mm-dd-yy/ hh:mm) using 24-hour clock	____ - ____ - ____ / ____ : ____	[] Eastern [] Central [] Mountain [] Pacific [] Alaska [] Hawaii	
7.	Did the incident/disturbance originate in your system/area? (check one)	Yes []	No []	Unknown []
8.	Estimate of Amount of Demand Involved (Peak Megawatts)			Unknown []
9.	Estimate of Number of Customers Affected			Unknown []

10. Type of Emergency Check all that apply	11. Cause of Incident Check if known or suspected	12. Actions Taken Check all that apply
Physical Attack []	Complete Electrical System Failure []	Shed Firm Load []
Cyber Event []	Electrical System Separation – Islanding []	Reduced Voltage []
Major Transmission System Interruption []	Inadequate Electric Resources to Serve Load []	Made Public Appeals []
Major Generation Inadequacy []	Actual or Potential Attack/Event Physical Attack [] Cyber Event [] Vandalism []	Implemented a Warning, Alert, or Contingency Plan []
Major Distribution System Interruption []	Transmission Equipment []	Shed Interruptible Load []
Other []	Loss of Part or All of a High Voltage Substation or Switchyard (230 kV + for AC, 200 kV+ for DC). []	Repaired/Restored []
Additional Information/Comments:	Weather or Natural Disaster []	Mitigation(s) Implemented []
	Operator Action(s) []	Other []
	Fuel Supply Deficiency (e.g., gas, oil, water) []	Additional Information/Comments:
	Unknown Cause []	
	Other []	
Additional Information/Comments:		

