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| **SECTION A: CONTACT INFORMATION** |
| 1. Report Type
 | 🞎 Initial Report 🞎 Updated Report 🞎 Final Report  |
| 1. Report Date and Time
 | Date: | Time:  |
| 1. Report By
 |  |
| 1. Title
 |  |
| 1. Utility/Company Name
 |  |
| 1. Phone Number
 |  |
| 1. Email Address
 |  |
| **SECTION B: OUTAGE INFORMATION** |
| 1. Outage Type
 | 🞎 Forced 🞎 Planned 🞎 Derate 🞎 Other |
| 1. Outage Start Date and Time
 | Date: | Time: |
| 1. Outage End Date and Time
 | Date: | Time: |
| 1. Plant Name
 |  |
| 1. Unit No.
 |  |
| 1. MW Curtailed
 |  |
| 1. MW Available
 |  |
| 1. Outage Description
 |  |
| 1. CAISO OMS Outage ID
 |  |
| **SECTION C: ADDITIONAL QUESTIONS** |
| **Forced Outage / Derate / Other** | **If question does not apply, state so:** |
| 1. What caused the outage or derate?
 |  |
| 1. When did the outage occur? During:
 | 🞎 Startup 🞎 Steady-state 🞎 Shutdown  |
| 1. How was the outage detected?
 |  |
| 1. What equipment did the outage involve?
 |  |
| 1. What does the equipment do?
 |  |
| 1. Where is the equipment located?
 |  |
| 1. Has this equipment failed before?
 | 🞎 Yes 🞎 No (If No, go to Question 26) |
| 1. If yes, when? On which unit?
 |  |
| 1. Describe *prior* corrective action/outcome
 |  |
| 1. Describe *current* correction action/outcome
 |  |
| 1. Have ALL units been inspected for defect?
 | 🞎 Yes 🞎 No (If No, go to Question 30) |
| 1. If yes, is defect isolated or fleet-wide?
 |  |
| 1. If fleet-wide, how will it be addressed?
 |  |
| 1. What repair contractors are used, if any?
 |  |
| 1. Describe any anticipated repair delays
 |  |
| **Planned Outage** | **If question does not apply, state so:** |
| 1. List major outage activities
 |  |
| 1. What repair contractors are used, if any?
 |  |
| 1. Describe any anticipated repair delays
 |  |