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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 |  | |