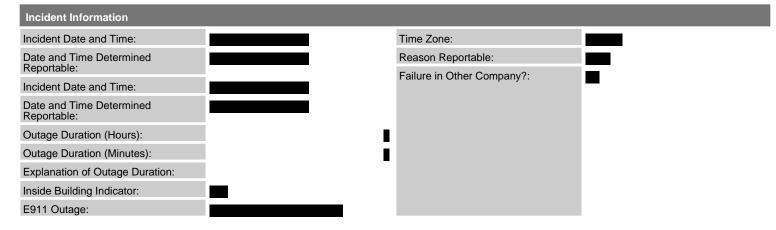
Report Title:NORS Outage Report DetailsRun Date and Time:2018-08-07 21:39:12 Eastern Daylight TimeRun By:Mary StaplesTable name:u\_nors\_outage\_report

NORS Outage Report						
Company:	WEST SAFETY SERVICES	Outage Number:	ON-00014616			
Type of Reporting Entity:	E911 service provider	Report Type:	Initial			
Reason for Withdrawal:						
Reopened Submitted:						
Previous Report Type:						

Reopen Submitted Comments:



Services Affected	
Cable Telephone:	
Nireless (not paging):	
/oIP:	
E911 :	
Paging:	
Satellite:	
Signaling (SS7):	
Nireline:	

Special Facilities:	
Other Service:	
Other Service Description:	
Number of Potentially Affected	
Wireline Users Affected:	Paging Users Affected:
Wireless Users Affected:	Cable Telephone Users Affected:
VoIP Users Affected:	Satellite Users Affected:
OC3s Affected:	
Number of Blocked Calls:	Blocked Calls Realtime:
	Blocked Calls Historic:
Number of Lost SS7 MTP Messages:	Lost SS7 Messages Realtime:
	Lost SS7 Messages Historic:
Mobile Switching Center (MSC) Failed:	
State Affected:	
City Affected:	
More Complete Description of Geographic Area Affected:	
Description of Incident:	
Description of the Cause(s) of the Outage:	
Direct Cause:	
Contributing Factor 1:	
Contributing Factor 2:	
Lack of Diversity:	
Malicious Activity:	
If yes - please explain Malicious Activity:	
Name and Type of Failed Equipment:	
Specific Part of Network Involved:	
opeone rait of network involved.	
Method(s) Used to Restore Service:	

Was Telecommunications Service Priority involved in Service Restoration?:			
Steps Taken to Prevent Recurrence:			
Applicable Best Practices that might've	prevented Outage or reduced effects:		
Best Practices used to mitigate effects	of Outage:		
Analysis of Best Practice:			
Remarks:			
Assignments			-
Assignment Reason Assigned #1:		Assignment Reason Assigned #2:	
Assignment Person Assigned #1:		Assignment Person Assigned #2:	
Assignment Other Assigned Reason #1:		Assignment Other Assigned Reason	
		#2:	
Assignment Group Number:	l		
Primary Contact Information			
Select a User:			
Name:			
Mary Staples Phone Number:		Extension:	
Email Address:		Extension.	
Address Line 1:			
Address Line 2:			
Address Line 3:			
Secondary Contact Information			
Select a User:			
Name:			
Phone Number:		Extension:	
Email Address:			
Address Line 1:			
Address Line 2:			
Address Line 3:			
Related List Title: Sys Audit List	•		
Related LIST HILE. SYS AUGIT LIST	L		

sys\_audit

Table name:

Table Name = u\_nors\_outage\_report AND Document Key = a9dd7cabdbefdf00ad8d388d7c96196e None

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NORS Outage Report Details

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 Related List Title:
 NORSH Outage Report List

 Table name:
 u\_norsh\_outage\_report

 Query Condition:
 Original Sys Id = ON-00014616 AND Company in (WEST SAFETY SERVICES, WEST SAFETY COMMUNICATIONS) .or. Created By User is Mary Staples

 Sort Order:
 Updated At in descending order

4 NORSH Outage Reports

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Report Type	Previous Report Type	Updated by	▼ Updated At