Report Title:	NORS Outage Report Details
Run Date and Time:	2018-08-07 21:39:12 Eastern Daylight Time
Run By:	Mary Staples
Table 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:			

Incident Information

Incident Date and Time:	▮▮▮▮▮	Time Zone:	▮▮▮
Date and Time Determined Reportable:	▮▮▮▮▮	Reason Reportable:	▮▮
Incident Date and Time:	▮▮▮▮	Failure in Other Company?:	▮
Date and Time Determined Reportable:	▮▮▮▮		
Outage Duration (Hours):	▮		
Outage Duration (Minutes):	▮		
Explanation of Outage Duration:			
Inside Building Indicator:	▮		
E911 Outage:	▮▮▮▮▮▮		

Services Affected

Cable Telephone:

▮

Wireless (not paging):

▮

VoIP:

▮

E911 :

▮

Paging:

▮

Satellite:

▮

Signaling (SS7):

▮

Wireline:

▮

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:

██████

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:		

Primary Contact Information

Select a User:

Name:

Mary Staples

Phone Number:	████████	Extension:

Email Address:

██████████

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
Table name:	sys_audit

Query Condition: Table Name = u_nors_outage_report AND Document Key = a9dd7cabdbefdf00ad8d388d7c96196e
Sort Order: None

89 Sys Audits

Created	Table Name	Field Name	Document Key	Update count	User	Old value	New value
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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

Report Type	Previous Report Type	Updated by	▼ Updated At
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██	██	████████	████████
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