# PUBLIC NOTICE

**Federal Communications Commission**
**445 12th St., S.W.**
**Washington, D.C. 20554**

**DA 04-4059**
**December 28, 2004**

## OFFICE OF ENGINEERING AND TECHNOLOGY ANNOUNCES ELECTRONIC REPORTING PROCEDURES FOR THE OUTAGE REPORTING SYSTEM CREATED BY NEW PART 4 OF THE RULES

On December 21, 2004 the Office of Management and Budget (OMB) approved the information collection requirements (OMB Control No. 3060-0484) established by *New Part 4 of the Commission's Rules Concerning Disruptions to Communications*, ET Docket No. 04-35, *Report and Order*, FCC 04-188, released August 19, 2004, 69 Fed. Reg. 70316 (December 3, 2004), as limited by the *Order Granting Partial Stay*, FCC 04-291, adopted December 20, 2004 and released December 22, 2004.  The Commission is publishing a notice of OMB's approval in the Federal Register; we anticipate that publication will occur on December 30, 2004.  The effective date of revised Section 63.100 and new Part 4 of the Commission's Rules, 47 C.F.R. 63.100 and Part 4, including the information collection, is January 3, 2005.

Generally, the new rules require telecommunications providers (regardless of whether they are cable, satellite, wireless, SS7, E911, or wireline communications providers) to report outages of at least 30 minutes duration that potentially affect at least 900,000 user-minutes.  Upon discovering that a reportable outage has occurred (*i.e.,* upon discovering that an outage of least 30 minutes duration that potentially affects at least 900,000 user-minutes has in fact occurred), the provider must:  (a) within two hours thereafter (*i.e.,* after such discovery) file a Notification; (b) within 72 hours thereafter file a more detailed Initial Outage Report; and (c) within 30 days thereafter file a Final Outage Report with the Commission.  Please refer to the new rules for the complete set of reporting criteria.

The new rules require use of the FCC's Network Outage Reporting System whenever possible.  Users can access the Network Outage Reporting System via the FCC's website, **http://www.fcc.gov,** by selecting the Network Outage Reporting System from the e-filing menu that is at the top of the webpage.  In the alternative, users can access the Network Outage Reporting System from OET's website, **http://www.fcc.gov/oet/outage**.  The user manual for this system can be accessed from OET's website.  A copy of the template used for Outage Notification and the template used for filing Initial and Final Outage Reports is attached to this notice.

Internet access to the Network Outage Reporting System at the FCC or OET website requires a user to have a browser such as Netscape version 3.04 or Internet Explorer version 3.51, or later version.

Users unable to access the Network Outage Reporting System through the Internet are to send their reports via facsimile (FAX) to (202) 418-2812 or via e-mail to **FCC-Outage@fcc.gov**.  Users unable to access the Network Outage Reporting System and unable to send reports via FAX or e-mail must transmit

their reports via Satellite phone to (254) 381-7397.  If the user still cannot access any of these means of delivery, then it may use a courier to hand-deliver Notifications and Initial and Final Outage Reports, which shall be addressed and delivered to the Federal Commissions Commission, The Office of the Secretary, Attention:    Edmond J. Thomas, Chief, Office of Engineering & Technology, 236 Massachusetts Ave., N.E., Suite 110, Washington, D.C. 20002.

**To request additional information concerning the Network Outage Reporting System or for technical assistance using the system, please contact John Healy at (202) 418-2448 or David Ahn at (202)-418-0853 or send an e-mail to FCC-Outage@fcc.gov.**

**-FCC-**

# Notification of New Outage Report

**Name of Reporting Entity (e.g., Company):** _____

**Type of Entity Reporting Disruption:** _____

**Date of Incident:** _____

**Local Time Incident Began:** _____  **Time Zone:** _____
   (24 hr clock (nnnn))

**Effects of the Outage**

  **Number of Potentially Affected**

    **Wireline Users:** _____

    **Wireless (non-paging) Users:** _____

    **Paging Users:** _____

    **Cable Telephony Users:** _____

    **Satellite Users:** _____

  **Number Affected**

    **Blocked Calls:** _____  **Real-Time:** ☐  **Historic:** ☐

    **DS3s:** _____

    **Lost SS7 MTP Messages:** _____ **Real-Time:** ☐  **Historic:** ☐

**Geographic Area Affected**

  **State:** _____

  **City:** _____

**Description of Incident**

_____

_____

_____

_____

_____

_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**Primary Contact Person:** _____

**Phone Number:** _____**Extension:** _____

**E-mail Address:** _____

**U.S. Postal Service Address:** _____

_____

_____

# Outage Report  (For Filing Initial or Final Outage Reports)

**Report Number (from Notification):** _____

**Notification Filing Date:**_____ **Time:** _____

**Report Type:  Initial** ☐ **Final** ☐

**Name of Reporting Entity (e.g., Company):** _____

**Type of Entity Reporting Disruption:** _____

**Date of Incident:** _____

**Local Time Incident Began:** _____ **Time Zone:** _____
   **(24 hr clock (nnnn))**

**Outage Duration: Hrs**_____ **Min**_____

**Explanation of Outage Duration (for incidents with partial restoration times)**

_____
_____
_____
_____
_____
_____
_____
_____
_____

**Inside Building:   Yes** ☐ **No** ☐

**Effects of the Outage**

   **Services Affected (Check all that apply)**

      **Cable Telephony:** ☐

      **Wireless (other than paging):** ☐

      **E911:** ☐

      **Paging:** ☐

      **Satellite:** ☐

      **Signaling (SS7):** ☐

      **Wireline:** ☐

      **Special Facilities (Airport, Government, etc.):** ☐

      **Other (please specify):** _____

**Number of Potentially Affected**

    **Wireline Users:** _____

    **Wireless (non-paging) Users:** _____

    **Paging Users:** _____

    **Cable Telephony Users:** _____

    **Satellite Users:** _____

**Number Affected**

    **Blocked Calls:** _____    **Real-Time:** ☐    **Historic:** ☐

    **DS3s:** _____

    **Lost SS7 MTP Messages:** _____ **Real-Time:** ☐    **Historic:** ☐

    **Mobile Switching Center (MSC) Failed:**    **Yes** ☐    **No** ☐

**Geographic Area Affected**

    **State:** _____

    **City:** _____

**More Complete Description of Geographical Area of Outage**

_____
_____
_____
_____
_____
_____
_____
_____

**Description of Incident**

_____
_____
_____
_____
_____
_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**Description of the Cause(s) of the Outage**

_____
_____
_____
_____
_____
_____
_____
_____

**Direct Cause: The direct cause is the immediate event that results in an outage.**

_____

**Root Cause: The root cause is the underlying reason why the outage occurred.**

_____

**Contributing Factors. Please scroll down to the appropriate entry.**

_____

**Contributing Factors. Please scroll down to the appropriate entry.**

_____

**Lack of Diversity Contributed to, or Caused, the Outage:   Yes ☐     No ☐**

**Malicious Activity:   Yes ☐     No ☐**
    **If yes, please explain**

_____
_____
_____
_____
_____
_____
_____

**Name and Type of Equipment that Failed:**        _____
_____

**Specific Part of the Network Involved:**        _____

**Method(s) Used to Restore Service**

_____
_____
_____
_____
_____
_____
_____

**Was Telecommunications Service Priority (TSP) involved in the Restoration of Service?**
**Yes ☐     No ☐**

**Steps Taken to Prevent Reoccurrence**

_____
_____
_____
_____
_____
_____
_____

**Applicable Best Practice that might have prevented the Outage or reduced its effects (See http://www.nric.org/)**

_____
_____
_____
_____
_____
_____
_____
_____

**Best Practices used to mitigate effects of Outage**

_____
_____
_____
_____
_____
_____
_____
_____

**Analysis of Best Practices**

_____
_____
_____
_____
_____
_____
_____
_____

**Remarks**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____
_____
_____
_____

**Primary Contact Person:** _____

**Phone Number:** _____ **Extension:** _____

**E-mail Address:** _____

**U.S. Postal Service Address:** _____

_____

_____


**Secondary Contact Person:** _____

**Phone Number:** _____ **Extension:** _____

**E-mail Address:** _____

**U.S. Postal Service Address:** _____

_____

_____