

Proposed OE-417 Form DRAFT

U.S. Department of Energy Electricity Delivery and Energy Reliability Form OE-417 (revised 04/2008)	<i>ELECTRIC EMERGENCY INCIDENT AND DISTURBANCE REPORT</i>	Form Approved OMB No. xxxx-xxxx Approval Expires xx/xx/xx
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NOTICE: This report is **mandatory** under Public Law 93-275. Failure to comply may result in criminal fines, civil penalties and other sanctions as provided by law. For the sanctions and the provisions concerning the confidentiality of information submitted on this form, see General Information portion of the instructions. **Title 18 USC 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.**

RESPONSE DUE: Submit a Schedule 1 as an Emergency Alert report within 1 hour if for **incidents 1-9** below. All other initial reports are due within 6 hours of the incident. Submit updates as needed and a final report (Schedules 1 and 2) within 48 hours.

METHODS OF FILING RESPONSE
(Retain a completed copy of this form for your files.)

E-mail: Submit your form via e-mail as an attachment to doehqec@hq.doe.gov.
FAX: FAX your Form OE-417 to the following facsimile number: (202) 586-8485. (Use if no other method is available.)
Telephone: **If you are unable to email or fax the form, please call and report the information to the following telephone number: (202) 586-8100.**

SCHEDULE 1 -- ALERT NOTICE (page 1 of 3)

Criteria for Filing (Check all that apply)

See Page 5 Of The [Instructions](#) For More Information

If any box 1-9 on the right is checked, this form must be filed within 1 hour of the incident; check Emergency Alert (for the Alert Status) on Line 1 below.	1. <input type="checkbox"/> Actual physical attack that causes major interruptions or impacts to critical infrastructure facilities or to operations 2. <input type="checkbox"/> Actual cyber or communications attack that causes major interruptions of electrical system operations 3. <input type="checkbox"/> Complete operational failure or shut-down of the transmission and/or distribution electrical system 4. <input type="checkbox"/> Electrical System Separation (Islanding) where part or parts of a power grid remain(s) operational in an otherwise blacked out area or within the partial failure of an integrated electrical system 5. <input type="checkbox"/> Uncontrolled loss of 300 Megawatts or more of firm system loads for more than 15 minutes from a single incident 6. <input type="checkbox"/> Load shedding of 100 Megawatts or more implemented under emergency operational policy 7. <input type="checkbox"/> System-wide voltage reductions of 3 percent or more 8. <input type="checkbox"/> Public appeal to reduce the use of electricity for purposes of maintaining the continuity of the electric power system 9. <input type="checkbox"/> N-3 contingency event (See glossary for definition)
If any box 10-13 on the right is checked AND none of the boxes 1-9 are checked, this form must be filed within 6 hours of the incident; check Normal Alert (for the Alert Status) on Line 1 below.	10. <input type="checkbox"/> Suspected physical attacks that could impact electric power system adequacy or reliability; or vandalism which target components of any security systems 11. <input type="checkbox"/> Suspected cyber or communications attacks that could impact electric power system adequacy or vulnerability 12. <input type="checkbox"/> Loss of electric service to more than 50,000 customers for 1 hour or more 13. <input type="checkbox"/> Fuel supply emergencies that could impact electric power system adequacy or reliability

If significant changes have occurred after filing the initial report, re-file the form with the changes and check Update (for the Alert Status) on Line 1 below.

The form must be re-filed 48 hours after the incident occurred with the latest information and with Final (for the Alert Status) checked on Line 1 below

LINE NO.	ORGANIZATION FILING				
1.	Alert Status (check one)	Emergency Alert <input type="checkbox"/>	Normal Alert <input type="checkbox"/>	Update <input type="checkbox"/>	Final <input type="checkbox"/>
		1 Hour	6 Hours	As required	48 Hours
2.	Organization Name				
3.	Address of Principal Business Office				

The timely submission of Form OE-417 by those required to report is mandatory under Section 13(b) of the Federal Energy Administration Act of 1974 (FEAA) (Public Law 93-275), as amended. Failure to respond may result in a penalty of not more than \$2,750 per day for each civil violation, or a fine of not more than \$5,000 per day for each criminal violation. The government may bring a civil action to prohibit reporting violations, which may result in a temporary restraining order or a preliminary or permanent injunction without bond. In such civil action, the court may also issue mandatory injunctions commanding any person to comply with these reporting requirements. **Title 18 U.S.C. 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.**

A person is not required to respond to collection of information unless the form displays a valid OMB number. Data reported on Form OE-417 in Schedule 2, are considered to be protected. **All other data are not protected.** (See form General Instructions for a full list of legal citations covering data collection authorization.)

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SCHEDULE 1 -- ALERT NOTICE (page 2 of 3)

INCIDENT AND DISTURBANCE DATA			
4.	Geographic Area(s) Affected		Unknown [<input type="checkbox"/>]
5.	Date/Time Incident Began (mm-dd-yy/hh:mm) using 24-hour clock	____ - ____ - ____ / ____ : ____ mo dd yy hh mm	
6.	Date/Time Incident Ended (mm-dd-yy/ hh:mm) using 24-hour clock	____ - ____ - ____ / ____ : ____ mo dd yy hh mm	
7.	Did the incident/disturbance originate in your system/area? (check one)	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]
8.	Estimate of Amount of Demand Involved (Megawatts)		Unknown [<input type="checkbox"/>]
9.	Estimate of Number of Customers Affected		Unknown [<input type="checkbox"/>]
10.	Internal Organizational Tracking Number (if applicable)		

11. Type of Emergency Check all that apply	12. Cause of Incident Check if known or suspected	13. Actions Taken Check all that apply
Major Physical Attack [<input type="checkbox"/>]	Complete Electrical System Failure [<input type="checkbox"/>]	Shed Firm Load [<input type="checkbox"/>]
Major Cyber Attack [<input type="checkbox"/>]	Electrical System Separation – Islanding [<input type="checkbox"/>]	Reduced Voltage [<input type="checkbox"/>]
Major Transmission System Interruption [<input type="checkbox"/>]	Inadequate Electric Resources to Serve Load [<input type="checkbox"/>]	Made Public Appeals [<input type="checkbox"/>]
Major Generation Inadequacy [<input type="checkbox"/>]	Actual or Suspected Malicious/Intentional Physical [<input type="checkbox"/>] Cyber/Computer/Telecom [<input type="checkbox"/>] Vandalism [<input type="checkbox"/>]	Implemented a Warning, Alert, or Contingency Plan [<input type="checkbox"/>]
Major Distribution System Interruption [<input type="checkbox"/>]	Transmission Equipment [<input type="checkbox"/>]	Shed Interruptible Load [<input type="checkbox"/>]
Other [<input type="checkbox"/>]	Loss of Part or All of a High Voltage Substation or Switchyard (230 kV + for AC 200 kV+ for DC). [<input type="checkbox"/>]	Repaired/Restored [<input type="checkbox"/>]
	Weather or Natural Disaster [<input type="checkbox"/>]	Other [<input type="checkbox"/>]
	Operator Action(s) [<input type="checkbox"/>]	
	Fuel Supply Deficiency (e.g., gas, oil, water) [<input type="checkbox"/>]	
	Unknown Cause [<input type="checkbox"/>]	
	Other [<input type="checkbox"/>]	

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SCHEDULE 2 -- NARRATIVE DESCRIPTION (page 3 of 3)

THIS INFORMATION IS CONSIDERED PROTECTED

NAME OF OFFICIAL THAT NEEDS TO BE CONTACTED FOR FOLLOW-UP AND ANY ADDITIONAL INFORMATION

14.	Name	
15.	Title	
16.	Telephone Number	()-()-()
17.	FAX Number	()-()-()
18.	E-mail Address	

Provide a description of the event and actions taken to resolve it. Include as appropriate, the cause of the incident/disturbance, equipment damaged, critical infrastructures interrupted and effects on other systems. Be sure to identify: the estimate restoration date, the name of any lost high voltage substations or switchyards, whether there was any electrical system separation (and if there were, what the islanding boundaries were), and the name of the generators and voltage lines that were lost (shown by capacity type and voltage size grouping). If necessary, copy and attach additional sheets. Equivalent documents, containing this information can be supplied to meet the requirement; these include the NERC Disturbance Report and the voluntary National Critical Infrastructure Protection System Form. **Along with the filing of Schedule 2, a final (updated) Schedule 1 needs to be filed. Check the Final box on line 1 for Alert Status on Schedule 1 and submit this and the completed Schedule 2 no later than 48 hours after the event.**

19. Narrative:

Estimated Restoration Date for all Affected Customers Who Can Receive Power	_____ - _____ - _____ mo dd yy
Name of Generator(s) and Voltage Line(s) system reference (terminal points) (For these losses, please group by generator type and voltage size)	
Identify Name of Lost High Voltage Substation(s) and/or Switchyards (230 kV + for AC -- 200 kV+ for DC)	
Identify Electrical System Separation: Islanding Boundaries (DOE needs a basic description/understanding of the linked generating resources to load pockets.)	