

**Notification Report**

Reporting Entity:

Cable Name:

List of All Licensees for that  
Cable:

Incident Start Date and Time:

Time Zone

Date and Time Determined

Reportable:

Description of Event:

Description of Cause:

Country of Cable Landing  
Station to Failure Site:

City of Cable Landing Station  
to Failure Site:

Location of the Event:

Nautical Miles from  
Closed Cable Landing  
Station:

Direction from  
Closest Cable  
Landing Station:

OR

Latitude:

Longitude:

Outage Duration Days:

Outage Duration Hours:

Was Event Related to Planned  
Maintenance?

Nature of Planned Maintenance Activity that Caused the Outage:

Contact Name:

Contact Email:

Contact Telephone:



Contact Name:

Contact Email:

Contact Telephone:

**Final Report**

SC Outage Number: SC-XXXXXXXX

Reporting Entity: \_\_\_\_\_

Cable Name: \_\_\_\_\_

List of All Licensees for that Cable: \_\_\_\_\_

Incident Start Date and Time: \_\_\_\_\_

Time Zone \_\_\_\_\_

Date and Time Determined Reportable: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Description of Cause: \_\_\_\_\_

Country of Cable Landing Station to Failure Site: \_\_\_\_\_

City of Cable Landing Station to Failure Site: \_\_\_\_\_

Location of the Event:

Nautical Miles from Closed Cable Landing Station:	Direction from Closest Cable Landing Station:
_____	_____

OR

Latitude:	Longitude:
_____	_____

Outage Duration Days: \_\_\_\_\_

Outage Duration Hours: \_\_\_\_\_

Date and Time When Plan of Work Was Received: \_\_\_\_\_

Estimate of When the Cable is Scheduled to be Repaired: \_\_\_\_\_

Arrival Date and Time Repair Ship, if Any: \_\_\_\_\_

Date and Time of Repair: \_\_\_\_\_

Was Event Related to Planned Maintenance?

Nature of Planned Maintenance Activity that Caused the Outage:

Restoration method:

Steps Taken to Prevent Recurrence:

Attestation Statement:

Contact Name:

Contact Email:

Contact Telephone:







