# Fill in WBS/PS Customer Name Number

Reports must be submitted to Transmission Metering Services within four days of the outage or load shift.

Send Copies to: Bonneville Power Administration  
Transmission Metering Services  
P.O. Box 3621  
Portland, OR 97208-3621  
Fax: (503) 230-3688  
Phone: (503) 230-3933  
E Mail MDM@bpa.gov

<table>
<thead>
<tr>
<th>Choose One</th>
<th>Start Load Shift or Outage</th>
<th>Shifted FROM BPA Delivery or Metering Point or Outage Location</th>
<th>Approximate kW Shifted</th>
<th>Shifted TO BPA Delivery or Metering Point or Location</th>
<th>End Load Shift or Outage</th>
<th>Reason (Enter Number*) &amp; Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outage</td>
<td>Load Shift Date Time</td>
<td>MP Number MP Name</td>
<td>MP Number</td>
<td>MP Name Date Time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- * 1. Trouble on Own System
- 2. Trouble on BPA's System
- 3. Trouble on Transferor's System
- 4. Own Work
- 5. BPA's Work
- 6. Transferor's Work
- 7. Other (Explain)

<table>
<thead>
<tr>
<th>Is System Normal as of the end of this report?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Name:  
Title:  
Date Submitted:  

* Please indicate the reason for the load shift or outage.