



PacifiCorp

Material Failure Field Report

- ☐ Distribution
☐ Transmission
☐ Substation ☐ Metering

Report

Reported By	Employee # P	Date	Date of Failure
Occurred During: <input type="checkbox"/> Installation <input type="checkbox"/> Operation <input type="checkbox"/> In Service		State	Service Center
<input type="checkbox"/> Caused Outage# _____		FAAR Territory	Mapstring:
<input type="checkbox"/> Safety Concern (Provide details in description)		_____	Facility Point:
<input type="checkbox"/> Parts Retained Location: _____ If possible parts should be retained until it can be determined they are not necessary for analysis or further review.		Substation: _____ Circuit: _____ Voltage: _____	

Material Description

Stock Item#		Material Type		Date of Manufacture	
Serial#		Manufacturer		Date of Installation	Estimated <input type="checkbox"/>
Catalog# (On Material)		Model		Date Code (On Material)	
<input type="checkbox"/> Failure associated with multiple parts or manufacturer. Collect material information on each item, use back of form or multiple forms.					

Description of Failure

Description of failure and correlation to contributing factors*	Contributing Factors (Check all that apply) <input type="checkbox"/> Manufacturer Defect <input type="checkbox"/> Improper Storage/Handling <input type="checkbox"/> Misapplication <input type="checkbox"/> Misoperation <input type="checkbox"/> Material Degradation <input type="checkbox"/> Thermal Loading (Provide amp reads) <input type="checkbox"/> Mechanical Loading <input type="checkbox"/> Improper Installation <input type="checkbox"/> Corrosion <input type="checkbox"/> Contamination <input type="checkbox"/> Degraded Materials <input type="checkbox"/> Wind <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Animals <input type="checkbox"/> Vegetation <input type="checkbox"/> Lightning (Days since <input type="text"/>) <input type="checkbox"/> Hot <input type="checkbox"/> Cold (Provide Ambient Temp) <input type="checkbox"/> Electronic Component <input type="checkbox"/> Vandalism <input type="checkbox"/> Other
Corrective Action Recommended/Taken	
For immediate concerns contact local operations management/engineering Form# 138R0.1 Date: 6/13/2013; Submit to Matfail@PacifiCorp.com	