

<div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <b>PACIFICORP</b>  <small>Pacific Power Rocky Mountain Power</small> </div>		<input type="checkbox"/> Distribution <input type="checkbox"/> Metering <input type="checkbox"/> Transmission <input type="checkbox"/> Substation	
<h1 style="margin: 0;">Material Failure Field Report</h1>		Report ID: _____	
Reported By	Employee #	Date	Date of Failure
Occurred During: <input type="checkbox"/> Installation <input type="checkbox"/> Operation <input type="checkbox"/> In Service  <input type="checkbox"/> Caused Outage # _____ <input type="checkbox"/> Breaker/Recloser Operation <input type="checkbox"/> Wire Down <input type="checkbox"/> Safety Concern (Details below) {Describe_concerns}		State:	Service Center:
<input type="checkbox"/> Parts Retained  Location: {Parts_Location} <i>If possible, parts should be retained until it can be determined they are not necessary for analysis or further review.</i>		Mapstring: _____ Facility Point: _____ Transmission Structure: _____	
		Substation: _____ Circuit: _____ Voltage: _____	
<b>Material Description</b> (Note: It is not required to complete all fields)			
<b>Component (1)</b>			
Stock Item #		Material Type	Date of Manufacture
Serial #		Manufacturer	Date of Installation
Catalog # <small>(On Material)</small>		Model	Date Code <small>(On Material)</small>
<b>Component (2)</b>			
Stock Item #		Material Type	Date of Manufacture
Serial #		Manufacturer	Date of Installation
Catalog # <small>(On Material)</small>		Model	Date Code <small>(On Material)</small>
<b>Component (3)</b>			
Stock Item #		Material Type	Date of Manufacture
Serial #		Manufacturer	Date of Installation
Catalog # <small>(On Material)</small>		Model	Date Code <small>(On Material)</small>
<b>Description of Failure</b>			
Description of failure and correlation to contributing factors:     		<b>Contributing Factors</b> (Check all that apply): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Manufacturer Defect  <input type="checkbox"/> Material Degradation  <input type="checkbox"/> Mechanical Loading  <input type="checkbox"/> Improper Installation  <input type="checkbox"/> Electronic Component  <input type="checkbox"/> Vandalism  <input type="checkbox"/> Improper Storage/Handling  <input type="checkbox"/> Corrosion  <input type="checkbox"/> Thermal Loading         </div> <div style="width: 50%;"> <input type="checkbox"/> Contamination  <input type="checkbox"/> Wind  <input type="checkbox"/> Rain  <input type="checkbox"/> Snow  <input type="checkbox"/> Animals  <input type="checkbox"/> Vegetation  <input type="checkbox"/> Misapplication  <input type="checkbox"/> Misoperation         </div> </div>	
Corrective Action Recommended/Taken:     		Amp Reads: _____ <input type="checkbox"/> Lightning Days Since: _____ <input type="checkbox"/> Hot Ambient Temp: _____ <input type="checkbox"/> Cold Ambient Temp: _____ <input type="checkbox"/> Other Other: _____	
GPS Location   Latitude: Longitude:			

For immediate concerns contact local operations management/engineering  
 Form# 138R0.1 Date: 6/13/2013; Submit to [Matfail@PacifiCorp.com](mailto:Matfail@PacifiCorp.com)