

**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
MONTHLY REPORT ON VOLTAGE COMPLAINTS**

Company: \_\_\_\_\_

Month Ending: \_\_\_\_\_

Date Rec'd	Unfounded	Founded	Pending	Town	Circuit #	Voltage	Length of Test		Minutes		Voltage Recorded			Percent Regulation	Cause and Resolution	
							Date Began	Total Hours	Below Min.	Above Min.	Min.	Time of Day	Max.			Time of Day
<b>Total Founded:</b>				<b>Total Unfounded:</b>				<b>Total Number of Voltage Complaints:</b>								
Remarks:																

Supervisor's Name/Title: \_\_\_\_\_  
(please print)

Supervisor's Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
 QUARTERLY REPORT ON INTERRUPTIONS OF SERVICE OVER 5 MINUTES DURATION**

Company: \_\_\_\_\_

Quarter Ending: \_\_\_\_\_

Date	Time			Town	# of Customers Affected	Cause of Interruption/Remarks
	From	To	Elapsed			

**Supervisor's Name/Title:** \_\_\_\_\_  
 (please print)

**Supervisor's Signature:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
ANNUAL REPORT OF TOTAL ELECTRIC METER TESTS**

Company: \_\_\_\_\_

Year Ending: \_\_\_\_\_

Meter Type	Number of Meters Tested Light Load				Number of Meters Tested Full Load				Number of Meters Tested Weighted Averages Accuracy				Totals
Test Period													
<b>TOTALS</b>													

Supervisor's Name/Title: \_\_\_\_\_  
(please print)

Supervisor's Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
REPORT ON SELECTIVE SAMPLE TESTS OF WEIGHTED AVERAGE ACCURACY ON SELF-CONTAINED SINGLE-  
PHASE METERS AND NETWORK METERS**

Company: \_\_\_\_\_

Year Ending: \_\_\_\_\_

**WEIGHTED AVERAGE ACCURACY**

Year										
Meters on Line										
Samples	Year	Cum	Year	Cum	Year	Cum	Year	Cum	Year	Cum
Percent Outside +/- 2%										
Additional Meters Test Ratio Curve										

**SAMPLE**

Non Registers					
Less than 94%					
94% to 98%					
98% to 102%					
102% to 106%					
Over 106%					

**TOTAL TESTS FOR YEAR**

Total Sample for Year				
Maintenance				
Miscellaneous				
Additional Meters				
<b>GRAND TOTAL</b>				

Supervisor's Name/Title: \_\_\_\_\_  
(please print)

Supervisor's Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
MONTHLY REPORT ON ELECTRIC METER COMPLAINT TESTS**

Company: \_\_\_\_\_

Month: \_\_\_\_\_

Meter Location (Town)	Meter Manufacturer	Manufacturer No.	Circuit ID Number	Meter Type	% Registration		Bill Adjustment		
					Fast	Slow	Period	Refund	Collect

Supervisor's Name/Title: \_\_\_\_\_  
(please print)

Supervisor's Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

NEW HAMPSHIRE DEPARTMENT OF ENERGY  
UTILITY ACCIDENT REPORT

Utility: \_\_\_\_\_ Current Date: \_\_\_\_\_

Report No.: \_\_\_\_\_ Five Day Report \_\_\_\_\_

**General Information**

Date of Accident: \_\_\_\_\_ Location of Accident: \_\_\_\_\_

Did an entire Electric Substation lose service for more than five minutes? Yes \_\_\_\_\_ No \_\_\_\_\_

State cause of accident and extent of damage:

**Fatality/Injury Information**

Name of Injured Person: \_\_\_\_\_

Injured person's relationship with utility: \_\_\_\_\_

Nature and extent of injury: \_\_\_\_\_

Did accident involve electric contact: Yes \_\_\_\_\_ No \_\_\_\_\_ Was injury fatal? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of death: \_\_\_\_\_ Previous Report No. (if applicable): \_\_\_\_\_

**Pole/Anchor Information**

Was pole licensed? Yes \_\_\_\_\_ No \_\_\_\_\_

Was pole properly located? Yes \_\_\_\_\_ No \_\_\_\_\_ Undetermined \_\_\_\_\_

Was anchor licensed? Yes \_\_\_\_\_ No \_\_\_\_\_

Was anchor properly located? Yes \_\_\_\_\_ No \_\_\_\_\_ Undetermined \_\_\_\_\_

If "Five Day Report" is checked, immediate or next day notification as defined by En 306.06 is required, followed by this form being filed within five business days of the accident. A detailed report must then follow within 15 days of the accident.

If "Quarterly Report" is checked, this form must be submitted at the end of the present quarter.

Attach diagram if necessary and also attach police report if applicable.

If death occurs within 60 days following the reported accident as a direct result of the accident, and is known by the utility, after this report is filed, that fact must be stated in an additional report.

If answering "No" to Pole/Anchor properly located questions, attach license and a diagram of the actual location versus the licensed location.

**Supervisor's Name/Title:** \_\_\_\_\_  
(please print)

**Supervisor's Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
DISTRIBUTION CREW REPORT**

<b>EVENT NAME</b>		<b>TIME - DATA EXTRACTED:</b>	
<b>DATE REPORT SUBMITTED:</b>			
<b>Submitted by:</b>			
<b>Company:</b>			

**Quantity of Field Personnel**

				Prior to Event <sup>A</sup>	During Event	Incremental
<b>FRONT LINE</b>						
1	Distribution 69 KV and Less includes Subtransmission 46kv, 34.5kv, 22kv, 13kv, 7.5 kv, 4kv, 2kv and below	Line	Company Line Crews restoring Distribution Circuits	0	0	0
			Affiliate Co Line Crews restoring Distribution Circuits	0	0	0
			Contractor Line Crews restoring Distribution Circuits	0	0	0
			Foreign Utility Line Crews restoring Distribution Circuits	0	0	0
		Service	Company Line Crews restoring Service	0	0	0
			Contractors restoring Service <i>includes Electricians</i>	0	0	0
		Pole <sup>B</sup>	Pole Setting/Digging Operations <i>includes Co, Foreign Utility, Contractor</i>	0	0	0
		Tree	Contractor Tree Clearing - Working on Distribution Circuits	0	0	0
			Foreign Utility Tree Clearing - Working on Distribution Circuits	0	0	0
<b>SUBTOTAL</b>				<b>0</b>	<b>0</b>	<b>0</b>
<b>FIELD ASSESSMENT</b>						
2	Distribution <i>see above</i>	Line <sup>C</sup>	Company Damage Assessment Personnel	0	0	0
<b>SUBTOTAL</b>				<b>0</b>	<b>0</b>	<b>0</b>
<b>PUBLIC SAFETY</b>						
3	Wires Down Appraiser Field Guides Other Support	Line	Company Personnel	0	0	0
			Bird Dogs, Location Guides	6	0	0
			<i>includes contractors</i>	0	0	0
<b>SUBTOTAL</b>				<b>0</b>	<b>0</b>	<b>0</b>
<b>GRAND TOTAL</b>				<b>0</b>	<b>0</b>	<b>0</b>

**A** Includes "business as usual" crews, crews physically present, crews signed into work, and crews off road and on road.

Example: if Monday through Friday there are 5 line crews and 4 contractor tree crews, the 'Prior to Event' column will contain 5 line crews and 4 contractor tree crews, no matter what day the event occurs. Typically these numbers will be consistent from event to event unless crews have been dispatched elsewhere or eliminated. During the event, crews will include the "prior to event" crews and additional crews that have arrived "boot on the ground". Numbers should be all inclusive and should not reflect rest time or crews that have yet to arrive.

**B** Does not include line crews who are doing both, includes those who are exclusively doing pole setting, includes contractor, in-house crews, mutual aid crews, and does not include Telecom crews.

**C** Does not include line crews who are also doing assessment.

**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
TRANSMISSION CREW REPORT**

<b>EVENT NAME</b>		<b>TIME - DATA EXTRACTED:</b>	
<b>DATE REPORT SUBMITTED:</b>			
<b>Submitted by:</b>			
<b>Company:</b>			

Quantity of Field Personnel				Prior to Event <sup>A</sup>	During Event	Incremental
<b>FRONT LINE</b>						
1	Transmission 69KV and Greater includes off road and on road crews	Line	Company Line Crews restoring Transmission Circuits	0	0	0
			Affiliate Co Line Crews restoring Transmission Circuits	0	0	0
			Contractor Line Crews restoring Transmission Circuits	0	0	0
			Foreign Utility Line Crews restoring Transmission Circuits	0	0	0
		Tree	Contractor Tree Clearing - Working on Transmission Lines:	0	0	0
			Foreign Utility Tree Clearing - Working on Transmission Lines:	0	0	0
<b>SUBTOTAL</b>				0	0	0
<b>FIELD ASSESSMENT</b>						
2	Transmission <i>see above</i>	Line <sup>B</sup>	Company Damage Assessment Personnel	0	0	0
<b>SUBTOTAL</b>				0	0	0
<b>PUBLIC SAFETY</b>						
3	Wires Down Appraiser Field Guides Other Support	Line	Company Personnel	0	0	0
			Bird Dogs, Location Guides	0	0	0
			<i>Includes contractors</i>	0	0	0
<b>SUBTOTAL</b>				0	0	0
<b>GRAND TOTAL</b>				0	0	0

**A** Includes "business as usual" crews, crews physically present, crews signed into work , and crews off road and on road.

Example: if Monday through Friday there are 5 line crews and 4 contractor tree crews, the "Prior to Event" column will contain 5 line crews and 4 contractor tree crews, no matter what day the event occurs. Typically these numbers will be consistent from event to event unless crews have been dispatched elsewhere or eliminated. During the event crews will include the "prior to event" crews and additional crews that have arrived "boot on the ground". Numbers should be all inclusive and should not reflect rest time or crews that have yet to arrive.

**B** Does not include line crews who are also doing assessment.



**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
ELECTRIC UTILITY OUTAGE REPORT**

**EVENT**

**DATE:**

**TIME - DATA EXTRACT:**

**GRANITE STATE ELECTRIC CO. d/b/a LIBERTY**

**Submitted by:**

<b>Town Name</b>	<b>Liberty Total Customers</b>	<b>Liberty Customers without Power</b>	<b>Liberty % Out of Power</b>	<b>Comment/ Additional Information</b>
Acworth			0%	
Alstead			0%	
Bath			0%	
Canaan			0%	
Charlestown			0%	
Cornish			0%	
Derry			0%	
Enfield			0%	
Grafton			0%	
Hanover			0%	
Langdon			0%	
Lebanon			0%	
Marlow			0%	
Monroe			0%	
Orange			0%	
Pelham			0%	
Plainfield			0%	
Salem			0%	
Surry			0%	
Walpole			0%	
Windham			0%	

**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
ELECTRIC UTILITY OUTAGE REPORT**

<b>EVENT</b>				
<b>DATE SUBMITTED:</b>		<b>TIME - DATA EXTRACTED:</b>		
<b>Public Service Company of New Hampshire d/b/a Eversource Energy</b>				
<b>Submitted by:</b>				
<i>Official Town Name</i>	<i>Eversource Total Customers</i>	<i>Eversource Customers without Power</i>	<i>Eversource % Out of Power</i>	Comment/Additional Information
Albany				
Alexandria				
Allenstown				
Alstead				
Alton				
Amherst				
Andover				
Antrim				
Atkinson				
Auburn				
Barnstead totals				
Barrington				
Bath				
Bedford				
Belmont				
Bennington				
Berlin				
Bethlehem				
Boscawen				
Bow				
Bradford				
Brentwood				
Bridgewater				
Bristol				
Brookfield				
Brookline				
Cambridge				
Campton				
Candia				
Canterbury				
Carroll totals				
Charlestown				
Chatham				
Chester				
Chesterfield totals				
Chichester totals				
Claremont				

EVENT				
DATE SUBMITTED:			TIME - DATA EXTRACTED:	
Public Service Company of New Hampshire d/b/a Eversource Energy				
Submitted by:				
<i>Official Town Name</i>	<i>Eversource Total Customers</i>	<i>Eversource Customers without Power</i>	<i>Eversource % Out of Power</i>	Comment/Additional Information
Clarksville				
Colebrook				
Columbia				
Concord				
Conway totals				
Cornish				
Croydon				
Dalton				
Danbury				
Danville				
Deerfield				
Deering				
Derry				
Dover				
Dublin				
Dummer				
Dunbarton				
Durham				
Easton				
Eaton totals				
Effingham				
Enfield				
Epping				
Epsom				
Errol				
Exeter				
Farmington				
Fitzwilliam				
Francestown				
Franconia				
Franklin totals				
Freedom				
Fremont				
Gilford				
Gilmanton				
Gilsum				
Goffstown				
Gorham				
Goshen				
Grafton				

EVENT				
DATE SUBMITTED:			TIME - DATA EXTRACTED:	
Public Service Company of New Hampshire d/b/a Eversource Energy				
Submitted by:				
<i>Official Town Name</i>	<i>Eversource Total Customers</i>	<i>Eversource Customers without Power</i>	<i>Eversource % Out of Power</i>	Comment/Additional Information
Grantham				
Greenfield				
Greenland				
Greens Grant				
Greenville				
Hampstead totals				
Hampton				
Hancock				
Hanover				
Harrisville totals				
Haverhill totals				
Hebron				
Henniker				
Hill				
Hillsborough				
Hinsdale totals				
Hollis				
Hooksett				
Hopkinton totals				
Hudson				
Jaffrey				
Jefferson				
Keene				
Laconia				
Lancaster				
Landaff				
Lee				
Lempster				
Lisbon				
Litchfield				
Littleton				
Londonderry				
Loudon				
Lyman				
Lyme				
Lyndeborough				
Madbury				
Madison totals				
Manchester				
Marlborough				

EVENT				
DATE SUBMITTED:		TIME - DATA EXTRACTED:		
Public Service Company of New Hampshire d/b/a Eversource Energy				
Submitted by:				
<i>Official Town Name</i>	<i>Eversource Total Customers</i>	<i>Eversource Customers without Power</i>	<i>Eversource % Out of Power</i>	Comment/Additional Information
Marlow				
Martins Location				
Mason				
Meredith				
Merrimack				
Middleton				
Milan				
Milford				
Millsfield				
Milton totals				
Mont Vernon				
Nashua				
Nelson totals				
New Boston				
New Castle				
New Durham				
New Hampton				
New Ipswich				
New London totals				
Newbury				
Newfields				
Newington				
Newmarket				
Newport				
North Hampton				
Northfield				
Northumberland totals				
Northwood				
Nottingham totals				
Orange				
Orford				
Ossipee totals				
Pelham				
Pembroke				
Peterborough				
Piermont				
Pinkhams Grant				
Pittsburg				
Pittsfield				
Plainfield				

<b>EVENT</b>				
<b>DATE SUBMITTED:</b>		<b>TIME - DATA EXTRACTED:</b>		
<b>Submitted by: Public Service Company of New Hampshire d/b/a Eversource Energy</b>				
<i>Official Town Name</i>	<i>Eversource Total Customers</i>	<i>Eversource Customers without Power</i>	<i>Eversource % Out of Power</i>	Comment/Additional Information
Plymouth				
Portsmouth				
Randolph				
Raymond				
Richmond				
Rindge				
Rochester totals				
Rollinsford				
Roxbury				
Rye totals				
Salisbury				
Sanbornton				
Sandown				
Sandwich totals				
Seabrook				
Sharon				
Shelburne				
Somersworth				
Springfield				
Stark				
Stewartstown totals				
Stoddard				
Strafford				
Stratford totals				
Stratham				
Success				
Sugar Hill				
Sullivan totals				
Sunapee totals				
Surry				
Sutton totals				
Swanzey totals				
Tamworth totals				
Temple				
Thornton				
Tilton				
Troy				
Tuftonboro totals				
Unity totals				
Wakefield totals				

<b>EVENT</b>				
<b>DATE SUBMITTED:</b>		<b>TIME - DATA EXTRACTED:</b>		
<b>Public Service Company of New Hampshire d/b/a Eversource Energy</b>				
<b>Submitted by:</b>				
<i>Official Town Name</i>	<i>Eversource Total Customers</i>	<i>Eversource Customers without Power</i>	<i>Eversource % Out of Power</i>	Comment/Additional Information
Warner				
Washington				
Waterville Valley				
Weare totals				
Webster				
Wentworths Location				
Westmoreland				
Whitefield				
Wilmot				
Wilton				
Winchester totals				
Windham				
Windsor				

**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
ELECTRIC UTILITY OUTAGE REPORT**

**EVENT**

**DATE:**

**Submitted by:**



**TIME - DATA EXTRACT:**



**UNITIL ENERGY SYSTEMS, INC.**

<i>Town Name</i>	<i>Unitil Total Customers</i>	<i>Unitil Customers without Power</i>	<i>Unitil % Out of Power</i>	<i>Comment/Additional Information</i>
Allenstown			0%	
Atkinson			0%	
Boscawen			0%	
Bow			0%	
Brentwood			0%	
Canterbury			0%	
Chichester			0%	
Concord			0%	
Danville			0%	
Dunbarton			0%	
East Kingston			0%	
Epsom			0%	
Exeter			0%	
Greenland			0%	
Hampstead			0%	
Hampton			0%	
Hampton Falls			0%	
Hopkinton			0%	
Kensington			0%	
Kingston			0%	
Loudon			0%	
Newton			0%	
Pembroke			0%	
Plaistow			0%	
Salisbury			0%	
Seabrook			0%	
South Hampton			0%	
Stratham			0%	
Webster			0%	



**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
 QUARTERLY REPORT OF EQUIPMENT THEFT, SABOTAGE AND BREACHES OF SECURITY**

**CONFIDENTIAL - approved distribution only**

**Company:** \_\_\_\_\_

**Quarter Ending:** \_\_\_\_\_

<b>PART I</b> To be completed when equipment theft, illegal entry or vandalism occurs																			
Date of Event	Date of Discovery	Location(Description of Facility and Facility Location	Primary Voltage	Secondary Voltage	Sabotaged, Stolen or Altered Equipment Description	Security Fencing?	Type of Fencing	Fence Cut?	Materials Stolen	Estimated Value	Estimated Repair Cost	Repair Labor (Man Hours)	Est Repair Completion Date	Associated Outages?	Outage Duration	Number Customers Affected	ID of any Distribution Circuit Involved	Name & Date of Notice to Law Enforcement Authorities	Type of Alarm System at Facility

<b>Part II</b> To be completed when sabotage (physical or cyber related) is suspected																		
		Incident Type(Vandalism, Theft, Sabotage Physical, Sabotage Cyber)	Description of Incident								Description of How Incident was Resolved							

Supervisor's Name/Title: \_\_\_\_\_  
 (Please Print)

Supervisor's Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
QUARTERLY REPORTING OF ELECTRIC UTILITY RELIABILITY MEASURES**

I.	Reporting Company:	
II.	Distribution System:	
III.	Date of Report:	
IV.	End Date of Reported Quarter:	
V.	<b>Customer Average Interruption Duration Index (CAIDI)</b>	
	a.	Sum of All Customer Interruption Durations:
	b.	Total Number of Customer Interruptions:
	c.	CAIDI (V. a. / V. b.):
VI.	<b>System Average Interruption Frequency Index (SAIFI)</b>	
	a.	Total Number of Customer Interruptions:
	b.	Total Number of Customers Served:
	c.	SAIFI (VI. a. / VI. b.):
VII.	<b>System Average Interruption Duration Index (SAIDI) is CAIDI x SAIFI</b>	
	a.	SAIDI (V. c. x VI. c.):
VIII.	<b>Average Number of Customers Without Power Per Interruption as determined by dividing the Number of Customers Interrupted by the Number of Interruptions (CIII)</b>	
	a.	Total Number of Customers Interrupted:
	b.	Total Number of Interruptions:
	c.	CIII (VIII. a. / VIII. b.):
Notes:		
Signature of Responsible Party: _____		

**NEW HAMPSHIRE DEPARTMENT OF ENERGY  
QUARTERLY REPORTING OF ELECTRIC UTILITY RELIABILITY MEASURES**

I.	Reporting Company:		
II.	Transmission System:		
III.	Date of Report:		
IV.	End Date of Reported Quarter:		
V.	<b>Customer Average Interruption Duration Index (CAIDI)</b>		
	a.	Sum of All Customer Interruption Durations:	
	b.	Total Number of Customer Interruptions:	
	c.	CAIDI (V. a. / V. b.):	
VI.	<b>System Average Interruption Frequency Index (SAIFI)</b>		
	a.	Total Number of Customer Interruptions:	
	b.	Total Number of Customers Served:	
	c.	SAIFI (VI. a. / VI. b.):	
VII.	<b>System Average Interruption Duration Index (SAIDI) is CAIDI x SAIFI</b>		
	a.	SAIDI (V. c. x VI. c.):	
VIII.	<b>Average Number of Customers Without Power Per Interruption as determined by dividing the Number of Customers Interrupted by the Number of Interruptions (CIII)</b>		
	a.	Total Number of Customers Interrupted:	
	b.	Total Number of Interruptions:	
	c.	CIII (VIII. a. / VIII. b.):	
Notes:			
Signature of Responsible Party: _____			

NEW HAMPSHIRE DEPARTMENT OF ENERGY  
INFORMATION SHEET

Name of Utility:

Officer or individual to whom the **ANNUAL REPORT** should be mailed:

Name:

Title:

Street:

City/State/Zip Code:

E-Mail address:

Telephone including Area Code:

Officer or individual to whom the **N.H. UTILITY ASSESSMENT FEE** should be mailed:

Name:

Title:

Street:

City/State/Zip Code:

E-Mail address:

Telephone including Area Code:

The names and titles of principal officers are: **(Effective: month/day/year)**

Name

Title

E-Mail Address

**Supervisor's Name / Title:** \_\_\_\_\_  
(please print)

**Supervisor's Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

The above information is requested for our office directory.