NEW HAMPSHIRE DEPARTMENT OF ENERGY
REPORT OF INTERRUPTIONS OF SERVICE OVER 30 MINUTES DURATION
FORM E-18

COMPANY:_____ DATE:_____

Date	Time			Location	Number of Customers Affected	Cause of Interruption
	From	To	Elapsed Time (Hrs)			

Supervisor's Name / Title: _____
(please print)

Supervisor's Signature: _____ **Date Submitted:**_____