

Annexure - II

11 kV Tripping/Breakdown (SectionS/Division....., Division.....)												
Sr. No.	Interruption Date/Time	Name of 33/11 kV PSS	Name of 11kV Feeder/ DSS	Load Affected (Amp.)	No. of Consumers Affected	Type of Interruption (Fault/ESD/PSD/ Opportunity)	Isolation Point	PTW No.	Restoration Date /Time	Attended by (Please mention name)	Reason of Tripping with location of Interruption and remarks of work details	Bad Weather Yes/No
	Date: Time:		Feeder: DSS:						Date: Time:	TPCODL Staff: BA Lineman: BA Helper:		
	Date: Time:		Feeder: DSS:						Date: Time:	TPCODL Staff: BA Lineman: BA Helper:		
	Date: Time:		Feeder: DSS:						Date: Time:	TPCODL Staff: BA Lineman: BA Helper:		
	Date: Time:		Feeder: DSS:						Date: Time:	TPCODL Staff: BA Lineman: BA Helper:		
	Date: Time:		Feeder: DSS:						Date: Time:	TPCODL Staff: BA Lineman: BA Helper:		
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	Date: Time:		Feeder: DSS:						Date: Time:	TPCODL Staff: BA Lineman: BA Helper:		