

Mutual Aid Group Information Sheet

Name of Utility:

Address:

Phone:
FAX:

E-MAIL:

Do you have a different after hours number?

Do you have a separate number for your power plant?

To seek Mutual Aid Assistance call in this order:

1. Name:

   Title:

   Phone:

   Home:

2. Name:

   Title:

   Phone:

   Home:

3. Name:

   Title:

   Phone:

   Home:

Miscellaneous Information on Electric System

Name of Utility:

Prepared by: Date:

Voltages

Transmission: _____ Distribution:_____

	List Voltages	Type of Construction
Distribution:	_____	_____
	_____	_____
Overhead:	_____	_____
	_____	_____
Underground	_____	_____
	_____	_____

Overhead service conductors

_____ _____

_____ _____

Underground service conductors

_____ _____

_____ _____

_____ _____

Type of Service Construction

1. Wye-Wye _____
2. Wye-Delta _____
3. Banked Transformers _____
4. Other _____

Inhouse Communication Equipment Handheld Radios _____ Cellular Phones _____

Types of Street Lighting

_____

Vehicle and Equipment Inventory List

Name of Utility:

Prepared by: Date:

Aerial Lifts

# of one-person lifts:_____ Working Heights:_____

List additional info.:_____

# of two-person lifts:_____ Working Heights:_____

List additional info.:_____

Digger/DerrickTrucks

List	Bucket Attached? (Check if Yes)	Working Height	Hand & Hydraulic tools	Winch (List max. capacity)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Line Trucks

available equipped with winches: _____

available without winches: _____

Hydro Lifts: _____

Tree Trimming Equipment

# of tree trimming trucks: _____

# of chippers: _____

# of tree trimming aerial lifts: _____

Pickups and Vans

# of vans: _____

# of pickups: _____

Other self-propelled equipment:

_____

_____

Vehicle and Equipment Inventory List - pg. 2

Name of Utility:

Prepared by: Date:

Other Line Equipment

Pole Trailers: _____

Backhoes: _____

Trenchers: _____

Puller/Tensioners: _____

Power Dolly: _____

Reel Trailers: _____

Portable Subs: _____

Mobile Air Compressor: _____

Stringing Trailer: _____

Underground Test Equipment: _____

Traffic Control Equipment: _____

Other:

_____

_____

_____

_____

_____

_____

_____

_____

Skilled Trades Inventory

Name of Utility:

Prepared by: Date:

Indicate Approx. Number of Personnel in each category Line workers

_____Apprentice _____Journey

Cable Splicers

_____Apprentice _____Journey

Electricians

_____Apprentice _____Journey

Traffic Signal Repair Workers

_____Apprentice _____Journey

_____Communications Technician

_____Substation Maintenance

_____Fault & High Voltage testing

_____Meter Tester

_____Meter Technician

_____Tree Trimmers

_____Environmental Clean-up Personnel

Other:

_____

_____

_____

_____

_____

Materials Inventory

Name of Utility:

Prepared by: Date:

Transformers

List Size and Type

_____

_____

_____

_____

_____

_____

_____

_____

_____

Conductors

List Size and Type

Over Head Size_____ Type_____

Underground Size_____ Type_____

Poles

Indicate class and size:

_____

_____

_____

_____

_____

_____

_____