

**911 SYSTEM TROUBLE & DATABASE ERROR REPORT**

1. County \_\_\_\_\_ 2. PSAP \_\_\_\_\_ 3. Call Date \_\_\_\_\_ Call Time \_\_\_\_\_  
5. Call Received By ( Name or Operator # ) \_\_\_\_\_ 6. Phone Station \_\_\_\_\_  
7. Was the call transferred to this PSAP from another PSAP? ( ) Yes ( ) No 8. If yes, which PSAP \_\_\_\_\_

1. ANI information as displayed: Phone number \_\_\_\_\_ ( ) Steady ( ) Flashing  
2. Class of Service as Displayed ( ) BSNX ( ) RESD ( ) BUSN ( ) PAYS ( ) COIN ( ) RESX  
3. a As Displayed: Phone # \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Loc \_\_\_\_\_ Community \_\_\_\_\_  
ESN \_\_\_\_\_ Pilot # \_\_\_\_\_ Police \_\_\_\_\_ Fire/EMS \_\_\_\_\_  
b. Class of Service as it should be: Phone # \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Loc \_\_\_\_\_ Community \_\_\_\_\_  
ESN \_\_\_\_\_ Police \_\_\_\_\_ Fire/EMS \_\_\_\_\_

**1. Nature of Discrepancy:**

- a. ( ) ANI/ANL Information Error
- b. ( ) Caller dialed other number but got PSAP. Number dialed? \_\_\_\_\_
- c. ( ) Caller wasn't using phone at all. Do they have a cordless phone? ( ) Yes ( ) No  
If yes, Brand \_\_\_\_\_ Model \_\_\_\_\_
- d. ( ) Default Routing
- e. ( ) Other \_\_\_\_\_

**2. Network Problems**

- a. ( ) Reported to U.S. WEST 346-6482 By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Ticket # \_\_\_\_\_ Service Code # \_\_\_\_\_ Corrected: Date \_\_\_\_\_ Time \_\_\_\_\_
- b. ( ) Transfer Problem. Transfer attempted: ( ) 1-Button to Fire Dept. ( ) Other \_\_\_\_\_  
And the following happened: ( ) Loud Squeal ( ) Call disconnected ( ) Loud Static/Crackling  
( ) Transfer Worked ( ) Transfer Didn't Work ( ) Got busy Signal ( ) Got "Fast Busy" Signal  
( ) Other—Explain: \_\_\_\_\_
- c. ( ) Equipment Problem ----Explain: \_\_\_\_\_
- d. ( ) Other: \_\_\_\_\_

**1. PSAP/Call Receiver Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**2. County Coord. Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**3. US WEST PSG Response & Corrections Made**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Forward to County Coord. Date _____ Supervisor _____
( ) Bldg. Dept Verified ( If Necessary ) ( ) MSAG Verified ( If Necessary ) ( ) Forward to US WEST PSG Date _____ ( ) Return to PSAG. Date _____
( ) Date RCVD US WEST PSG _____ ( ) Ret to Cty Coord. Date _____ ( ) Forward to ICO. Date _____
( ) ERROR ( ) NO ERROR