

FORMAT-59

**Periodicity-Monthly
Submission by – 2nd week**

State Electricity Board/ Utility-----

Electrical Circle /Division-----

DETAILS OF OUTAGES OF (33 & 11 k V Feeder, Distribution & Power Transformers) IN THE MONTH-----, YEAR 20-----

(I) Outage of 33 & 11 kV Feeder

Name of Sub-station	Name of Feeder	Aggregate Period of Outages				Planned Shut down (c)		Total Duration of Outages (a+b+c)	
		< 30 Mins.each (a)		> 30 Mins.each (b)		Hrs.	Mins.	Hrs.	Mins.
		Hrs.	Mins.	Hrs.	Mins				

(II) Distribution Transformer Failure

Distribution Transformer		No. of Failure	% Failure Rate
No.	Rating (MVA)		

(III) Power Transformer Failure

Power Transformer		No. of Failure	% Failure Rate
No.	Rating (MVA)		