
BSCP06/4.5 Metering Equipment Fault Report**Part A** (CDCA-I038)**From:** CDCA**To:** Registrant, MOA**Registrant:****MOA:****MSID(s):****Date:****CDCA Fault Ref:**

<i>Communications</i>		<input type="checkbox"/>
Outstation Id:		
Comms Address:		
Device Type:		
Last Successful Call:		
Comms Test:		
Comments:		

<i>Data Quality</i>		<input type="checkbox"/>
Type:		
Outstation Id(s):		
Subsystem Id:		
Channel(s) Affected:		
Comments:		

Time Tolerance		<input type="checkbox"/>
Outstation Id:		
Time Difference (secs):		
Fast/Slow:		
Comments:		

Meter Advance Reconciliation		<input type="checkbox"/>
Meter Serial No:		
Outstation Id:		
Outstation Channel:		
Other Details:		
Comments:		

Other		<input type="checkbox"/>
Comments:		

Part B (CDCA-I015)

From: MOA

To: Registrant, CDCA

Date:

MOA Fault Ref:

Action Taken:
Other Comments:

