



To file a new utility event (electrical contact reporting, incident, or outage):

- 1) Navigate to EFIS.
- 2) Click the **Log In** link located in the *Header Links* in the upper, right-hand corner.



- 3) In the **Email Address** field, input the user’s email address registered with their user account.
- 4) In the **Password** field, input the user’s password.
- 5) Click the **Log In** button.

Login Help

Email Address

Password

Log in

[Forgot your password?](#)
[Register as a new user?](#)

- 6) Select the ‘Utility Compliance e-Filings & Search’ tab.



- 7) Select the ‘New Utility Event e-Filing’ link.



- 8) In the **Event Date** field, input or select the applicable date and time of the event.
- 9) In the **Company** field, select the applicable company from the drop-down list.
- 10) In the **Report Type** field, select the applicable type of report from the drop-down list.

The image shows a form titled "New Utility Event e-Filing" with a "Help" button in the top right corner. Below the title, a light blue bar contains the text "Items with an orange left border () are required." The form has three fields: "Event Date" (a date/time picker), "Company" (a drop-down menu with "(Select)" selected), and "Report Type" (a drop-down menu with "(Select)" selected). The left side of each field has an orange vertical bar.

- 11) In the **Submission Sub Type** field, select the applicable type of submission from the drop-down list.

The image shows a drop-down menu labeled "Submission Sub Type" with "(Select)" as the current selection.

- 12) Depending on what type of submission sub-type is selected, will determine which fields are displayed on the page.
 - a) For Electrical Contact Reporting, complete the following:
 - i) In the **Issue** field, select the type of issue from the drop-down list.
 - ii) In the **Number of Persons Injured** field, input the number of people injured, if any.
 - iii) In the **Number of Injuries Requiring Hospital Admissions** field, input the number of injuries which require hospitalization, if any.
 - iv) In the **Number of Fatalities** field, input the number of fatalities, if any.



Submission Sub Type	Electrical Contact Reporting
Issue	(Select)
Number of Persons Injured	
Number of Injuries Requiring Hospital Admissions	
Number of Fatalities	

b) For Incident for electric companies, complete the following:

i) In the **Issue** field, select the type of issue from the drop-down list.

Submission Sub Type	Incident
Issue	(Select)

c) For Incident for all other utility types, complete the following:

i) In the **Issue** field, select the type of issue from the drop-down list.

ii) In the **Number of Persons Injured** field, input the number of people injured, if any.

iii) In the **Number of Injuries Requiring Hospital Admissions** field, input the number of injuries which require hospitalization, if any.

iv) In the **Number of Fatalities** field, input the number of fatalities, if any.

Submission Sub Type	Incident
Issue	(Select)
Number of Persons Injured	
Number of Injuries Requiring Hospital Admissions	
Number of Fatalities	

d) For Outage, complete the following:

i) In the **Issue** field, select the type of issue from the drop-down list.

ii) In the **Number of Persons Injured** field, input the number of people injured, if any.

iii) In the **Number of Injuries Requiring Hospital Admissions** field, input the number of injuries which require hospitalization, if any.

iv) In the **Number of Fatalities** field, input the number of fatalities, if any.

v) In the **Number of Consumers Affected** field, input the number of consumers affected by the outage, if any.

vi) In the **Expected Restoration of Service** field, input or select the date and time service is expected to be restored.

vii) In the **Service Restored Date** field, input or select the date and time the service was restored, if known.



Submission Sub Type	Outage	▼
Issue	(Select)	▼
Number of Persons Injured	<input type="text"/>	
Number of Injuries Requiring Hospital Admissions	<input type="text"/>	
Number of Fatalities	<input type="text"/>	
Number of Consumers Affected	<input type="text"/>	
Expected Restoration of Service	<input type="text" value="Date"/> --:-- --	🕒
Service Restored Date	<input type="text" value="Date"/> --:-- --	🕒

13) If the event resulted in an outage, check the box beside **Utility Event Resulted in Outage**.

Utility Event Resulted in Outage	<input type="checkbox"/>
---	--------------------------

- a) In the **Number of Consumers Affected** field, input the number of consumers affected by the outage.
- b) In the **Expected Restoration of Service** field, input or select the date and time service is expected to be restored.
- c) In the **Service Restored Date** field, input or select the date and time the service was restored, if known.

Utility Event Resulted in Outage	<input checked="" type="checkbox"/>	
Number of Consumers Affected	<input type="text"/>	
Expected Restoration of Service	<input type="text" value="Date"/> --:-- --	🕒
Service Restored Date	<input type="text" value="Date"/> --:-- --	🕒

14) In the **Description** field, input a brief description of the event.

15) The **Report Date** field will auto populate to the current date and time.

<small>Instructions for Description: As applicable, please include: type and extent of injuries (if known), known or suspected cause, extent of any resulting incidents, a description of the electrical system components and equipment in the vicinity, a description of any associated work tasks, any applicable safety precautions that were taken before or after, weather conditions, the landscape surrounding the scene of the incident, and/or any other information that is relevant to the circumstances of the incident.</small>	
Description	<input type="text"/>
	<small>750 character(s) left</small>
Report Date	9/3/2023 7:09 AM

16) In the **Event Location** section, click the **Add New** button to add the location of the event.

Event Location
<input type="button" value="+ Add New"/>



- a) An *Add Event Location* pop-up message will be displayed. Complete the following:
 - i) In the **Address Line 1** field, input the street address.
 - ii) In the **Address Line 2** field, input the apartment, studio or floor.
 - iii) In the **City** field, input the city.
 - iv) In the **State** field, select the state from the drop-down list.
 - (1) This field is set to 'Missouri' as the default.
 - v) In the **Zip** field, input the zip code.
 - vi) In the **County** field, select the county from the drop-down list.
 - vii) In the **Country** field, select the country from the drop-down list.
 - (1) This field is set to 'United States of America' as the default.

Add Event Location ✕

Items with an orange left border () are required.
Either an Address or Location Information is required for Outage or Incident.
A complete address is required for Electrical Contact Reporting.

Address

When entering an Address for Outage or Incident, the State, Country, and either City or County are required.

Address Line 1	<input type="text" value="1234 Main St"/>
Address Line 2	<input type="text" value="Apartment, studio, or floor"/>
City	<input type="text" value="City"/>
State	<input style="border-left: 2px solid orange;" type="text" value="Missouri"/>
Zip	<input type="text" value="Zip"/>
County	<input type="text" value="(Select)"/>
Country	<input style="border-left: 2px solid orange;" type="text" value="United States of America"/>

- viii) In the **Location Description** field, input a description of the location.
- ix) Click the **Submit** button after all fields have been completed; or click the **Close** button to close the pop-up message.



Location Information

Location Description

200 character(s) left.

17) In the *Utility Contact* section, complete the following information:

- a) In the **Representative Type** field, select the applicable type of representative from the drop-down list.
- b) In the **Person** field, select the applicable contact person from the drop-down list.
 - i) If the person is not listed in the drop-down list, click the **Add New** button to add the name.

Utility Contact

Utility Contact person is required.

Representative Type (Select)

Person (Select)

- ii) An *Add Person* pop-up message will be displayed. Complete the following:
 - (1) In the **First Name** field, input the complainant's first name.
 - (2) In the **Middle Name** field, input the complainant's middle name or middle initial.
 - (3) In the **Last Name** field, input the complainant's last name.
 - (4) Click the **Submit** button after all fields have been completed; or click the **Clear** button to clear all fields and start over.

Add Person

First Name

Middle Name

Last Name



- c) In the **Email Address** field, select the applicable email address from the drop-down list.
 - i) If the email address is not listed in the drop-down list, click the **Add New** button to add an email address.

Email Address (Select) + Add New

- ii) An *Add Email Address* pop-up message will be displayed. Complete the following:
 - (1) In the **Email Address** field, input the email address.
 - (2) Click the **Submit** button after all fields have been completed; or click the **Clear** button to clear all fields and start over.

Add Email Address X

Email Address email@provider.com

Submit Clear

- d) In the **Phone** field, select the applicable phone number from the drop-down list.
 - i) If the phone number is not listed in the drop-down list, click the **Add New** button to add a phone number.

Phone (Select) + Add New

- ii) An *Add Phone* pop-up message will be displayed. Complete the following:
 - (1) In the **Phone Type** field, select the applicable type of phone from the drop-down list.
 - (2) Beside the **Is International** field, check the box if the phone number is an international phone number.
 - (3) In the **Number** field, input the phone number.
 - (4) In the **Extension** field, input the extension, if any.
 - (5) Click the **Submit** button after all fields have been completed; or click the **Clear** button to clear all fields and start over.



Add Phone [Close]

Phone Type: (Select) [v]

Is International:

Number: (000) 000-0000

Extension: 0000

[Submit] [Clear]

18) In the *Utility Technical Contact* section, complete the following information:

- a) In the **Representative Type** field, select the applicable type of representative from the drop-down list.
- b) In the **Person** field, select the applicable contact person from the drop-down list.
 - i) If the person is not listed in the drop-down list, click the **Add New** button to add the name.

Utility Technical Contact

Representative Type: (Select) [v]

Person: (Select) [v]

[+ Add New]

- ii) An *Add Person* pop-up message will be displayed. Complete the following:
 - (1) In the **First Name** field, input the complainant’s first name.
 - (2) In the **Middle Name** field, input the complainant’s middle name or middle initial.
 - (3) In the **Last Name** field, input the complainant’s last name.
 - (4) Click the **Submit** button after all fields have been completed; or click the **Clear** button to clear all fields and start over.



Add Person ✕

First Name

Middle Name

Last Name

- c) In the **Email Address** field, select the applicable email address from the drop-down list.
 - i) If the email address is not listed in the drop-down list, click the **Add New** button to add an email address.

Email Address

- ii) An *Add Email Address* pop-up message will be displayed. Complete the following:
 - (1) In the **Email Address** field, input the email address.
 - (2) Click the **Submit** button after all fields have been completed; or click the **Clear** button to clear all fields and start over.

Add Email Address ✕

Email Address

- d) In the **Phone** field, select the applicable phone number from the drop-down list.
 - i) If the phone number is not listed in the drop-down list, click the **Add New** button to add a phone number.

Phone

- ii) An *Add Phone* pop-up message will be displayed. Complete the following:
 - (1) In the **Phone Type** field, select the applicable type of phone from the drop-down list.

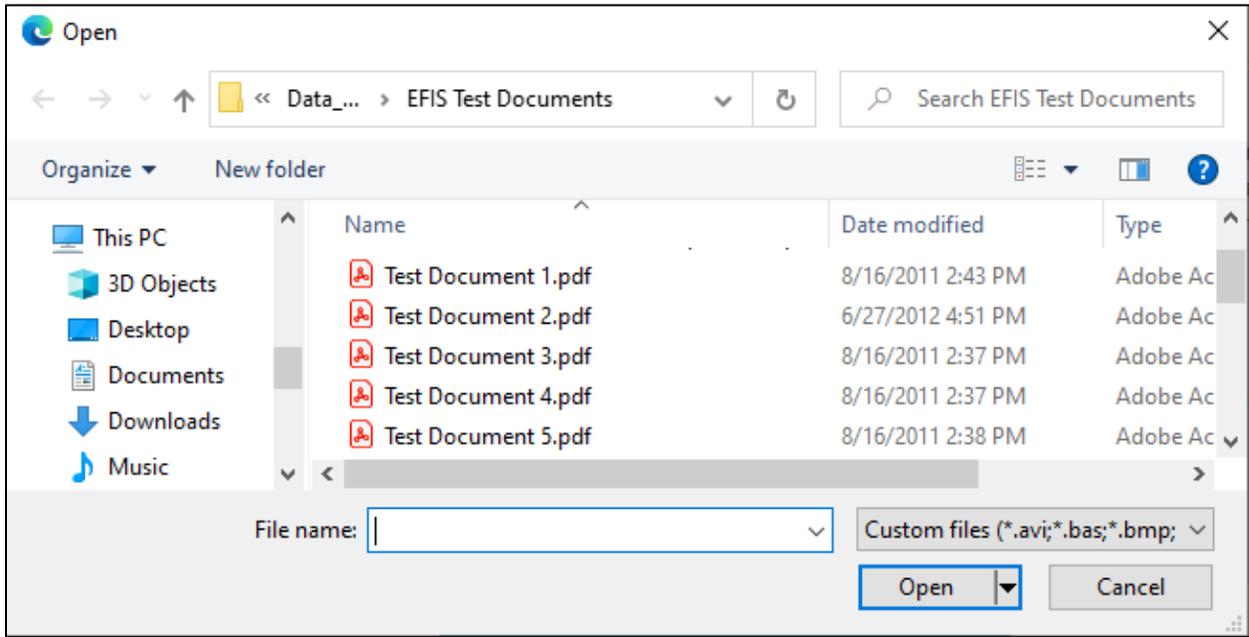


- (2) Beside the **Is International** field, check the box if the phone number is an international phone number.
- (3) In the **Number** field, input the phone number.
- (4) In the **Extension** field, input the extension, if any.
- (5) Click the **Submit** button after all fields have been completed; or click the **Clear** button to clear all fields and start over.

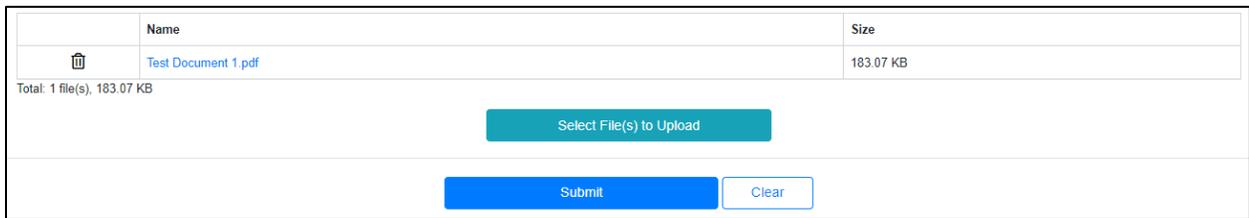
- 19) In the *Attachment* section, click the **Select File(s) to Upload** button to upload documents for the filing.

- a) In the *Open Browser* window, select the document or documents to attach.

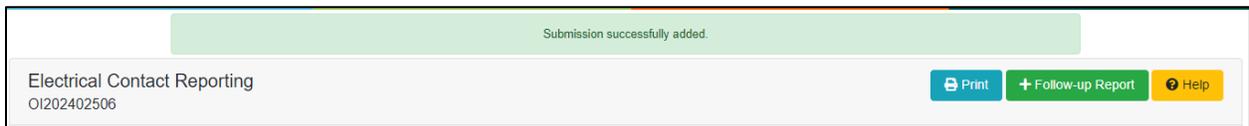
NOTE: Users can select multiple or batch documents by holding the *Shift* or *Ctrl* key and selecting the documents as long as the batch is not over 45 MB.



20) Click the **Submit** button after all fields have been completed; or click the **Clear** button to clear all fields and start over.



21) Once submitted, a new *Utility Event Submission* screen will open which lets the user know the event was successfully submitted and also gives the user their tracking number.



For additional assistance, please contact the Data Center at (573) 751-7496 or dcsupport@psc.mo.gov.