

## ACOUSTICAL DISTURBANCE OR ELECTRICAL SHOCK CUSTOMER AND EMPLOYEE REPORTS

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### 1. GENERAL

#### 1.01 This section describes:

- The procedures to follow in handling customer/employee reports of an occurrence of acoustical disturbances or electrical shock
- The supervisor responsibilities for preparing, reporting, forwarding and completing Forms CO 4938 and CO 4939 (Exhibits 1 and 2).
- The entries for record posting and length of retention.

#### 1.02 It is reissued to:

- Add a reference to Section 032-170-501PT, Appendix 1
- Update form distribution titles to conform with reorganization
- Make minor text changes

#### 1.03 Related System Instruction (SI) and Bell System Practices (BSPs) are as follows:

- SI 58 — Accidents and Criminal Offenses
- 010-810-901PT — Electrical Power or Lightning Contacts-Handling and Reporting (Form P 2004)
- 032-170-501PT, Appendix 1 — Click Reducing Varistors in Operator Telephone Circuits and Headsets Resistance Test
- 680-195-920PT — Acoustic and Electric Shock Reports — Posting Assignment Records
- 876-101-120 — Electrical Protection, Investigation of Complaints

### 2. PROCEDURES

**2.01 Customer Report:** Any employee or Company representative receiving notice or information of a customer complaint about acoustical disturbance or electrical shock shall immediately notify the appropriate Repair Service Bureau (RSB) testboard supervisor. The testboard supervisor is responsible for preparing, processing and signing Form CO 4938 (Exhibit 1). The reported information is *immediately* relayed to the District Security Office and the Installation and Maintenance (I&M) District Manager, as required, and noted on Form CO 4938.

**2.02 Employee Report:** An employee affected by an acoustical disturbance or electrical shock should immediately notify his/her supervisor. If the immediate supervisor is not available, report the incident to any supervisor present. The supervisor receiving the report is responsible for obtaining medical attention, if required, and the preparation and processing of Form CO 4939 (Exhibit 2). This

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supervisor should also relay the reported information to the appropriate District Manager. (See 3.08 for responsibilities.) During out-of-hours, the employee should contact the duty-supervisor. If he/she is not available, report the incident to another supervisor.

**2.03** *Forms CO 4938 and CO 4939* are available from the Forms Service Center, 116 New Montgomery, Room 110, San Francisco, CA 94105.

### 3. RESPONSIBILITIES

#### Customer Report

**3.01** The testboard supervisor should immediately have an I&M supervisor visit the customer and transcribe all the necessary data to help the testboard supervisor complete entries on Form CO 4938.

**3.02** Immediately after the customer interview, all necessary inspections should be made, with the assistance of a craftperson (if required), to complete entries as outlined on Form CO 4938.

**3.03** *Do not repair or replace telephone sets, or associated equipment without obtaining approval from the District Security Manager.* Upon his/her direction, repair and/or replace any defective wiring or protective devices.

**3.04** Tag and send all defective equipment replaced (eg, carbons, transmitter, wiring, etc) to the District Security Manager.

**3.05** An equipment/transmission supervisor, with the assistance of a craftperson (if required), will also make the necessary inspections and corrections to complete his/her portion of Form CO 4938. Instructions described in 3.03 and 3.04 also apply.

**3.06** Make no statement to the customer as to the cause of, or responsibility for, an acoustical disturbance or electrical shock. Such statements are the responsibility of the Security Director.

*Note:* During out-of-hours and on week-ends or holidays, the duty supervisor will follow the above procedures.

**3.07** *Preparation of Form CO 4938:* The customer report should be completed with entries as described below (callouts refer to Exhibit 1):

- ① SECURITY DIRECTOR'S CASE NO.: Obtained from the District Security Office.
- ② CROSS REFERENCE CASE NO.: Used to identify a relating report (eg, incident at the same location, etc).
- ③ DISTRICT, CITY, DATE, OCCURRENCE DATE-TIME: District taking the report; City of occurrence; Date reported; Occurrence date and time.
- ④ Customer Information
- ⑤ INVOLVED TEL. NO.: Telephone Number where problem occurred.
- ⑥ TYPE OF SERVICE: 1FR, 1MB, KTS, etc.
- ⑦ Check appropriate box(es) for type of complaint and time of occurrence.
- ⑧ Part of the body affected by the electrical shock — right hand, left knee, etc.
- ⑨ FIRST AID: Type of first aid treatment given immediately after the occurrence (eg, artificial respiration, burn ointment, etc).
- ⑩ OTHER ADDRESS TAKEN TO: Doctor's office, medical clinic, home, etc.
- ⑪ ACTIVITY: Explain specific activity engaged in at time of shock.
- ⑫ REPORT OF PLANT INSPECTED: All columns and spaces must have an entry. Enter "NONE" if not applicable. Contact Protection Engineer (see 4.04) for technical assistance, if needed.
- ⑬ INSPECTOR: Name of employee actually performing the inspection.

*Note:* Procedures for testing varistors are outlined in Section 032-170-501PT, Appendix 1.

- 14 **ADDITIONAL INSPECTION REMARKS:** Indicate other trouble found (eg; foreign voltage discovered at multiple cross-connecting points).
- 15 **PREPARING SUPERVISOR:** Name and title of supervisor responsible for preparing, processing, completing and forwarding Form CO 4938.
- 16 **REPORTED TO:** Name of person accepting the report at District Security Director's office; Telephone Number, Date and Time reported.

*Notes:*

- 1. Call immediately after completion of all appropriate entries 1 through 11.
- 2. If it is determined that a foreign electrical disturbance or lightning occurred, see Section 010-810-901PT covering Form P 2004.

**Employee Report**

3.08 The supervisor as defined in 2.02 is responsible for the complete processing of Form CO 4939. He/she will complete the initial entries and may enlist the help of another supervisor who will make all the necessary inspections, corrections and inquiries to complete the entries on Form CO 4939.

3.09 The preparing supervisor will forward Form CO 4939 to the appropriate supervisor for Maintenance Force Report entries. However, the preparing supervisor is still responsible for final processing of the completed form. Therefore, an abeyance date should be established to ensure a reasonable return time for the form.

3.10 An equipment/transmission supervisor, with the assistance of a craftperson (if required), will make the necessary inspections, corrections and inquiries to complete their portion of Form CO 4939. This includes inspecting operator services locations and any other places having associated equipment, if it is applicable to the report.

3.11 *Preparation of Form CO 4939:* The employee report should be completed with the entries described below (callouts refer to Exhibit 2):

- 1 Employee information
- 2 **ACOUSTIC DISTURBANCE OCCURRED — ELECTRIC SHOCK OCCURRED:** Check appropriate boxes for type of report.
- 3 **ASSOC EQUIP — TYPE:** The type of associated equipment (eg, tone generator, repeater, ringing machine, etc).
- 4 **TEST EQUIP — TYPE:** The type of test equipment if used (eg, 1014 B Test set, oscillator, etc).
- 5 Part of body affected by electrical shock.
- 6 **FIRST AID:** Type of first aid given immediately after occurrence.
- 7 **PREPARING SUPERVISOR:** The name, title, telephone number and address of preparing supervisor.
- 8 **MAINTENANCE FORCE REPORT:** All column spaces must have an entry. Enter "None" if not applicable. Contact Protection Engineer (see 4.04) for technical assistance, if needed.
- 9 **INSPECTOR:** Name of employee actually performing inspection work.
- 10 **ADDITIONAL INSPECTION REMARKS:** Indicate other trouble found and work done; eg, Western Electric or outside contractor activity.
- 11 **INSPECTOR'S SUPERVISOR:** Name and title of supervisor responsible for Maintenance Force Report entries.

*Note:* This supervisor should immediately return completed form to preparing supervisor 7.

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### 4. RECORDS

#### Customer Report

4.01 The following records should be posted (using red pencil entries) to indicate "acoustical disturbance or electrical shock case pending."

- Subscriber Line Record (include date and case number)
- Exchange Customer Cable Record (ECCR)
- Dedicated Plant Assignment Card (DPAC)

*Note:* See Section 680-195-920PT for entry details on ECCR and DPAC records.

4.02 The RSB shall maintain and preserve all the records associated with each case, such as:

- Subscriber Line Record (SLR)
- Copy of Form CO 4938 (goldenrod)
- All trouble reports (eg, Forms P 632, E 5461, etc).

4.03 Leave postings undisturbed on all records for at least one year. Request verbal permission from the security director for their removal. Date and note the approval of the SLR.

4.04 After completion of Form CO 4938, copies are sent to the:

- Protection Engineer (White Copy)

Pacific Company —  
Transmission Systems District  
Network Staff, Engineering/Forecasting  
180 New Montgomery, Room 275  
San Francisco, CA 94105  
Tel. 415+542-4910

Nevada Bell —  
645 East Plumb Lane, Room 261  
Reno, NV 89520

- District Security Manager furnishing case number (Yellow Copy)
- General Manager (Residence I&M, Business I&M, or Network, as appropriate) (Pink Copy)

#### Employee Report

4.05 All records prepared in association with an Employee Report should be forwarded to the involved supervisor or designated departments, for example:

- Forms B 425 and K 15 are forwarded through proper lines of organization to your district office.
- Trouble Tickets prepared by the RSB, field or central office forces should be retained per local district policy.
- Copies of completed Form CO 4939 are sent to the:
  - a. Protection Engineer (white copy) (See 4.04.)
  - b. General Employee Benefits (yellow copy)  
  
North — Room 730, 370-3rd Street  
San Francisco, CA 94107  
  
South — Room 432, 1010 Wilshire Blvd.  
Los Angeles, CA 90017  
  
Nevada — Room 11, 645 East Plumb Lane  
Reno, NV 89520
- c. District Office (pink copy)

*Note:* The district office may choose to have all associated records sent to them for filing and retaining until such time as the records are of no further use.



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**CUSTOMER REPORT**  
**ACOUSTIC DISTURBANCE or ELECTRIC SHOCK**

CO 4938 (6-77)  
010-810-900 PT

CHECK ITEMS APPLICABLE

SECURITY DIRECTOR'S CASE NO. **1**

CROSS REFERENCE CASE NO. **2**

DISTRICT	CITY	<b>3</b>	DATE	OCCURRENCE DATE - TIME
AFFECTED PERSON MR. - MRS. -MS.		<b>4</b>	STREET ADDRESS & CITY	
APPROXIMATE AGE	AREA CODE & TEL. NO.	INVOLVED TEL. NO.	<b>5</b>	TYPE OF SERVICE <b>6</b>
ACOUSTIC DISTURBANCE		<b>7</b>	<input type="checkbox"/> ELECTRIC SHOCK	<input type="checkbox"/>
OPERATOR PLACED CALL		TOLL <input type="checkbox"/>	PBX <input type="checkbox"/>	DIRECTLY DIALED CALL <input type="checkbox"/>
<b>TIME OF OCCURRENCE</b>				
DURING DIALING		<input type="checkbox"/>	BEFORE OPERATOR ANSWERED <input type="checkbox"/>	
DURING RINGING CYCLE		<input type="checkbox"/>	WHILE TALKING TO OPERATOR <input type="checkbox"/>	
CALLED PARTY ANSWERED		<input type="checkbox"/>	RECEIVING A CALL <input type="checkbox"/>	
DURING CONVERSATION		<input type="checkbox"/>	TERMINATING REMOVING MODULAR CORDS <input type="checkbox"/>	
DURING DISCONNECT		<input type="checkbox"/>	OTHER (EXPLAIN) <input type="checkbox"/>	
EAR AFFECTED	RIGHT <input type="checkbox"/>	OTHER BODY PART AFFECTED	<b>8</b>	IDENTIFY -
	LEFT <input type="checkbox"/>			
FIRST AID	YES <input type="checkbox"/>	IF GIVEN - EXPLAIN	<b>9</b>	
	NO <input type="checkbox"/>			
ATTENDING PHYSICIAN	HOSPITAL TAKEN TO:		OTHER ADDRESS TAKEN TO: <b>10</b>	
ACTIVITY BEING PERFORMED AT TIME OF SHOCK - EXPLAIN				
<b>11</b>				

REPORT OF PLANT INSPECTED <b>12</b>	INVOLVED TEL. NO. <b>5</b>		
CHECK POINTS	TROUBLE FOUND - WORK DONE	DATE	INSPECTOR
PREMISE WIRING TELEPHONE SETS PROTECTIVE DEVICES + GRD.			<b>13</b>
CENTRAL OFFICE WIRING CENTRAL OFFICE EQUIP. PROTECTIVE DEVICES + GRD.			
TOLL or PBX OPERATOR CIRCUITS - JACKS - KEYS			
OTHER ON LINE TEL. SETS WIRING - EQUIP. - CONNECTIONS PROTECTIVE DEVICES + GRD.			

ADDITIONAL INSPECTION REMARKS

**14**

PREPARING SUPERVISOR <b>15</b>	TITLE	NOTED BY: DISTRICT MANAGER
REPORTED TO: DISTRICT SECURITY DIRECTOR <b>16</b>	TEL. NO.	DATE
		TIME AM <input type="checkbox"/> PM <input type="checkbox"/>

WHITE - PROTECTION ENGINEER      YELLOW - DISTRICT SECURITY DIRECTOR  
PINK - GENERAL MANAGER              GOLDENROD - PLT. SERV. CENTER

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**EMPLOYEE REPORT**  
**ACOUSTIC DISTURBANCE OR ELECTRIC SHOCK**

CO 4939 (6-77)  
010-810-900 PT

CHECK ITEMS APPLICABLE

DISTRICT	CITY	DATE	OCCURRENCE DATE - TIME
AFFECTED EMPLOYEE	BUSINESS ADDRESS <b>1</b>		BUS. TEL. NO.
EMPLOYEE'S SUPERVISOR - ARC	OCCURRENCE ADDRESS		INVOLVED TEL. NO.

ACOUSTIC DISTURBANCE OCCURRED		ELECTRIC SHOCK OCCURRED	
CALLING PARTY CONNECT	<input type="checkbox"/>	ASCENDING OR DESCENDING POLE OR LADDER	<input type="checkbox"/>
CALLED PARTY CONNECT	<input type="checkbox"/>	PLACING OR REMOVING WIRE - ALL TYPES	<input type="checkbox"/>
DURING DIALING	<input type="checkbox"/>	TERMINATING WIRE - ALL TYPES	<input type="checkbox"/>
DURING RINGING CYCLE	<input type="checkbox"/>	PLACING EQUIPMENT	<input type="checkbox"/>
DURING CONVERSATION	<input type="checkbox"/>	USING TEST EQUIPMENT	<input type="checkbox"/>
DURING DISCONNECT	<input type="checkbox"/>	WORKING IN VAULT OR MANHOLE	<input type="checkbox"/>
OTHER - EXPLAIN	<input type="checkbox"/> <b>2</b>	OTHER - EXPLAIN	<input type="checkbox"/>

TSP/S  CACD  23B  3-3C  3CL  PBX  TEST DESK  OTHER \_\_\_\_\_

POSITION NO.	HEADSET JACK SUPV. <input type="checkbox"/>	REG. <input type="checkbox"/>	CORD PAIR	PANEL	TRUNK NO.
HEADSET TYPE	HEADSET NO.	ASSOC. EQUIP. - TYPE <b>3</b>	TEST EQUIP. - TYPE <b>4</b>		

EAR AFFECTED	RIGHT <input type="checkbox"/>	OTHER BODY PART AFFECTED <b>5</b>	YES <input type="checkbox"/>
	LEFT <input type="checkbox"/>	IDENTIFY	NO <input type="checkbox"/>

FIRST AID	YES <input type="checkbox"/>	IF GIVEN - EXPLAIN <b>6</b>
	NO <input type="checkbox"/>	

MEDICAL TREATMENT	YES <input type="checkbox"/>	IF GIVEN	DATE	TIME	PLACE
	NO <input type="checkbox"/>				

PREPARED B-426	YES <input type="checkbox"/>	PREPARED K-15	YES <input type="checkbox"/>	AUDIOGRAM	YES <input type="checkbox"/>	DATE
	NO <input type="checkbox"/>		NO <input type="checkbox"/>	NO	NO <input type="checkbox"/>	

PREPARING SUPERVISOR <b>7</b>	TITLE	TEL. NO.	ADDRESS AND CITY
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**MAINTENANCE FORCE REPORT**

CHECK POINTS	TROUBLE FOUND - WORK DONE <b>8</b>	DATE	INSPECTOR <b>9</b>
VARISTOR-HEADSET			
VARISTOR-OPERATOR POSITION			
OPERATOR CIRCUITS - JACKS - KEYS			
CENTRAL OFFICE EQPT. - WIRING PROTECTIVE DEVICES			
OCCURRENCE LOCATION TEL. EQPT. - WIRING PROTECTIVE DEVICES FOREIGN ATTACHMENTS			
ASSOCIATED LOCATIONS MULTIPLE APPEARANCES			

ADDITIONAL INSPECTION REMARKS **10**

INSPECTOR'S SUPERVISOR <b>11</b>	TITLE	TEL. NO.	ADDRESS AND CITY
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WHITE - PROTECTION ENGINEER  
PINK - DISTRICT OFFICE

YELLOW - REGION BENEFIT DEPT.  
GOLDENROD - PREPARING SUPV.

Exhibit 2