Standard Formats

for

Reportable Events

In accordance with

The Maharashtra Electricity Regulatory Commission

(State Grid Code) Regulations, 2020

Prepared by

Maharashtra State Load Despatch Centre

The Regulation No. 46.2.3 of the MERC (State Grid Code) Regulations, 2020, has mandated SLDC to develop "Standard Reporting Formats" in accordance with the Regulation No. 46.1.1. The list of Reportable Events as per Regulation No. 46.1.1 is as below:

Sr. No.	Name of Format	Format No.
1	Blackout/partial system blackout	FORMAT - 1
2	System islanding/system split	FORMAT - 2
3	Grid indiscipline & Violation of security standards	FORMAT –3
4	Loss of major generating unit	FORMAT –4
5	Severe equipment problem relating to major circuit breaker, transformer, busbar or EHV Transmission Line tower collapsing	FORMAT –5
6	Non-compliance of SLDC's instructions	FORMAT –6
7	Protection failure on any element of InSTS	FORMAT –7
8	Power system instability	FORMAT –8
9	Tripping of any element of the State Grid	FORMAT –9
10	Major fire incidents	FORMAT –10
11	Force majeure conditions	FORMAT – 11
12	Fatal or non-fatal accident of human	FORMAT – 12
13	Sudden load rejection by any User	FORMAT – 13
14	Exceptionally high or low system voltage	FORMAT – 14

In accordance with the Regulation No. 46.2.3 of the MEGC, 2020, such formats required to be agreed by GCC prior to the use by stakeholders.

Accordingly, the Formats have been agreed in the 3rd GCC Core Committee Meeting held on 30.11.2021.

In case any difficulties/ambiguities are observed in these formats, the same will be reviewed and updated time to time.

FORMAT-1

EVENT – BLACKOUT / PARTIAL SYSTEM BLACKOUT

(To be filled & Submitted by Circle In-charge of MSETCL & Control centres of TSUs)

S. No.	Description	Details
1	Classification of the event- Category (GD-1/GD-2/GD-3/GD-4)	
2	Name of the Sub Station	
3	Control Room Contact No.	
4	Date and Time of Event	
5	Antecedent conditions (Load/Generation of Sub-Station, Frequency)	
6	Brief Description and probable cause of Event / Occurrence	
7	Area / Load affected	
8	Weather Conditionsprevailing	
9	Sequence of tripping with time in details	
10	Protection Relay indications	
11	Current Status and likely restoration time	
12	Course of action to restore normalcy	
13	Remarks, if any	

Sign of In-charge :

Name :

Date :

Time :

FORMAT-2

EVENT – SYSTEM ISLANDING / SYSTEM SPLIT

(To be filled & Submitted by Circle In-charge of MSETCL & Control centres of TSUs)

S. No.	Description	Details
1	Classification of the event- Category (GD-1/GD-2/GD-3/GD-4)	
2	Stations involved in event	
3	Contact Nos. of Control Rooms involved.	
4	Date and Time of the Occurrence	
5	Antecedent conditions (Load/Generation of Sub-Station, Frequency)	
6	Brief Description and probable cause of Occurrence	
7	Area / Load affected	
8	Weather Conditions prevailing	
9	Sequence of event - Logs	
10	Protection Relaying Log Status	
11	Current Status and likely time to normalcy	
12	Course of action to restore normalcy	
13	Remarks, if any	

Sign of In-charge :

Name :

Date :

Time :

FORMAT-3

EVENT – Grid indiscipline & Violation of security standards

(To be filled & issued by MSLDC Shift In-charge)

MAHARASHTRA STATE LOADDESPATCHCENTRE						
Message No.		Alert		Date		
		Emergency		Time of Issue		
		Non-Compliance				
From	MSLDC Shift In-Charge, MSLDC, Kalwa, Airoli					
Copy to:						
Sub: Violation of Indian Electricity Grid Code/Maharashtra Electricity Grid Code						
Type of Violation	**Category of Violation**	**IEGC/MEGC Clause**	**Details**			
Frequency Violation	Emergency	5.2(m)/22.2				
	Alert					
Voltage Violation	Emergency	5.2(s)6.4.12 6.6.36.6.6 / 22.3				
	Alert					
Loading Violation	Emergency	6.4.12/13.6, 53.3.3				
	Alert					
Zero Crossing Violation	Emergency	6.4.6				
	Alert					
Deviation Violation	Emergency	5.4.2(a) 5.4.2(b)6.4.6 6.4.76.4.10 6.4.12/53.3.4				
	Alert					
Special Events						
Name of Generator or Discom	Schedule Drawal	Acual Drawal	Actual Deviation	Declared Capacity	Actual Generation	Actual Deviation
	MW	MW	MW	MW	MW	MW

Sign of MSLDC Shift In-Charge

FORMAT-4

EVENT – LOSS OF MAJOR GENERATING UNIT

(To be filled &submitted by Generation Plant In-charge)

S. No.	Description	Details
1	Name of the generating Station	
2	Installed Capacity of Generating Station (MW) with number of units	
3	Contact Nos. of Control Rooms involved.	
4	Date and Time of Generating unit tripping	
5	Details of Number of Generating units tripped / bus fault etc	
6	Antecedent Condition (Pre-fault Generation, Frequency)	
7	Reason of tripping	
8	Details of latest Preventive maintenance & diagnostic tests carried out	
9	Fault indication details along with sequence of event log	
10	Likely time for restoring normalcy	
11	Remarks, if any	

Sign of Generation Plant In-charge:

Name of Generation Plant In-charge:

Date:

Time:

FORMAT-5

EVENT – SEVERE EQUIPMENT PROBLEM RELATING TO CIRCUIT BREAKER, TRANSFORMER, BUS-BAR OR EHV TRANSMISSION LINE TOWER COLLAPSING

(To be filled & Submitted by In-charge of Sub-Station or Line)

S. No.	Description	Details
1	Name of Substation	
2	Equipment involved	
3	Type and make of Equipment & Date of Comm.	
4	Nature of problem	
5	Details of latest Preventive maintenance & diagnostic tests carried out	
5	History of equipment	
6	Corrective action initiated and likely time of restoration	
7	Details on system impact due to such equipment problem	
8	Relevant data / Logs	
9	Remarks, if any	

Sign of Sub-Station/Line In-charge:

Name of Sub-Station/Line In-charge:

Date:

Time:

FORMAT-6

EVENT – NON-COMPLIANCE OF SLDC INSTRUCTIONS

(To be filled & Issued by MSLDC)

S. No.	Description	Details
1	Name of Defaulting entity	
2	Nature of default (non-compliance of SLDC instructions)	
3	Details of SLDC's instructions & communications	
4	System impact due to non-compliance	
5	Action initiated to mitigate the situation	
6	Remarks, if any	

Sign of MSLDC Authorized Officer:

Name of MSLDC Authorized Officer:

Date:

Time:

FORMAT-7

EVENT – PROTECTION FAILURE ON ELEMENT OF INTRA-STATE TRANSMISSION SYSTEM (InSTS)

(To be filled & Submitted by Testing Circle In-charge of MSETCL & Control centres of TSUs)

S. No.	Description	Details
1	Name of element involved	
2	Which protection failed to operate – Brief Details (make, Type, manufacture etc)	
3	Type of protection operated with details due to failure of above prot.	
4	Reason of failed protection relaying system with relevant Logs	
5	Remedial action proposed to avoid recurrence	
6	System impact due to protection failure	
7	Likely time of restoration of faulty protection system	
8	Remarks, if any	

Sign of In-charge:

Name of In-charge:

Date:

Time:

FORMAT-8

EVENT – POWER SYSTEM INSTABILITY

(To be filled & submitted by In-Charge of Control Centre or Sub-Station)

S. No.	Description	Details
1	Name of Control Centre / Station Observed the system instability	
2	Time and Date of observation	
3	Nature of system instability	
4	Critical line loadings, Voltage profile, bus angles and oscillation in system observed – brief description	
5	Whether timely intimation given to grid major players (by Control Room) about the system instability	
6	Corrective action initiated /to be initiated to bring back system to normalcy	
7	Likely time of restoration	
8	Remarks, if any	

Sign of Authorized Officer of Control Centre/Sub-Station:

Name of Authorized Officer of Control Centre/Sub-Station:

Date:

Time:

FORMAT-9

EVENT – TRIPPING OF ANY ELEMENT OF THE STATE GRID

(To be filled & Submitted by In-charge of Sub-Station)

S. No.	Description	Details
1	Name of Sub-station	
2	Control Room Contact No	
3	Time &Date of Event	
4	Cause of Occurrence	
5	Weather conditions	
6	Area / Load affected or Gen. loss	
7	Sequence of tripping with time	
8	Type of fault / Phase indication / Fault distance / Fault current	
9	Current status (Whether restored or not)	
10	Further action required	
11	Remarks, if any	

Sign of Sub-Station In-charge:

Name of Sub-Station In-charge:

Date:

Time:

FORMAT-10

EVENT – MAJOR FIRE INCIDENT

(To be filled & Submitted by In-charge of Sub-Station)

S. No.	Description	Details
1	Name of Location / station	
2	Date and time of fire explosion	
3	Details of fire protection system available at site	
4	Severity of fire incidence – Major/Medium/Minor	
5	Action/Efforts initiated to contain the fire	
6	Visible loss to site /injuries to personnel, if any	
7	Reason for explosion of fire and corrective measures needed to avoid such incidences in future	
8	Current status of situation and likely time of normalcy	
9	Remarks, if any	

Sign of Sub-Station In-charge:

Name of Sub-Station In-charge:

Date:

Time:

FORMAT-11

EVENT – FORCE MAJEURE CONDITION

(To be filled & Submitted by In-charge of Sub-Station)

S. No.	Description	Details
1	Name of station	
2	Date and time of occurrence of Force Majeure Condition	
3	Type of Force Majeure & Area affected	
4	Antecedent system conditions	
5	Impact of Force Majeure on system condition	
6	Likely time of termination of force majeure	
7	Corrective measures taken &need to avert such Force Majeure in future	
8	Remarks, if any	

Sign of Sub-Station In-charge:

Name of Sub-Station In-charge:

Date:

Time:

FORMAT-12

EVENT –FATAL OR NON-FATAL ACCIDENT OF HUMAN

(To be filled & Submitted by In-charge of Sub-Station or Line)

S. No.	Description	Details
1	Name of station	
2	Fatal / Non-fatal accident	
3	Date and time of accident	
4	Action initiated to handle fatal/non-fatal nature of accident	
5	Complete details of Fatal accident	
6	Immediate medical action initiated in case of non-fatal accident	
7	Reporting of accident to Electrical Inspector	
8	Measures to avert such accident in future	
9	Remarks, if any	

Sign of Sub-Station/Line In-charge:

Name of Sub-Station/Line In-charge:

Date:

Time:

FORMAT-13

EVENT –SUDDEN LOAD REJECTION BY ANY USER

(To be filled & Submitted by In Charge of Sub-Station/Discom)

S. No.	Description	Details
1	Name of station	
2	Contact person Phone no.	
3	Date and time of load-throw off along with reason	
4	System impact due to load rejection	
5	Details of user having done sudden load-rejection	
6	Likely system restoration time	
7	Remarks, if any	

Sign of Sub-Station/Discom In-charge:

Name of Sub-Station/Discom In-charge:

Date:

Time:

FORMAT-14

EVENT –EXCEPTIONALY HIGH OR LOW SYSTEM VOLTAGE

(To be filled & Submitted by In Charge of Sub-Station/Discom)

S. No.	Description	Details
1	Name of station	
2	Date and time of high / low voltage being observed	
3	Antecedent Conditions	
4	Corrective measures initiated viz. capacitor bank in service, load side management etc	
5	Values of High / low voltages observed	
6	Protective relay tripping details due to high / Low voltages	
7	Remarks, if any	

Sign of Sub-Station/Discom In-charge:

Name of Sub-Station/Discom In-charge:

Date:

Time: