

CRITICAL SERVICES

I. *Availability*

Those members on critical human life support systems who indicate in writing to the Cooperative of their needs.

II. *Conditions*

- A. The Cooperative acknowledges that the request meets critical life support requirements.
- B. The member provides a suitable back-up energy source for his equipment.
- C. The Cooperative will endeavor to provide 24 hours notice for scheduled outages and keep them to a minimum duration.
- D. When unscheduled outages occur, the Cooperative will check the critical services list and give priority to restoring power to these accounts first.
- E. The Cooperative recognizes human life support only as a critical service. Members with service requirements for livestock, computers and other such loads should arrange for their own long-term back-up equipment if loss of power would adversely affect their business.
- F. The Cooperative will update on a regular basis the critical service list.
- G. The Cooperative will track the critical services in the Customer Information System (CIS).

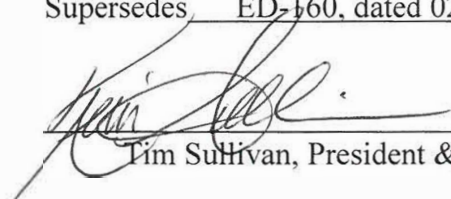
III. *Responsibility*

VP, Energy Distribution

Effective: 08/18/16

Supersedes ED-160, dated 02/19/14

Approved: 08/18/16



Tim Sullivan, President & CEO

OBJECTIVE

To provide the priority regarding critical services during outage situations.



Cooperative Electric Association

A Touchstone Energy® Cooperative



Wright-Hennepin
Cooperative Electric Association

A Touchstone Energy® Cooperative 

Wright-Hennepin Cooperative Electric Association

6800 Electric Drive • P.O. Box 330 • Rockford, MN 55373

Phone (763) 477-3000 • (800) 943-2667 • info@whe.org • www.whe.org

CRITICAL SERVICES PHYSICIAN FORM

This form is to be completed and signed by the attending physician for a patient requesting special consideration of priority service during electric outage situations and critical services. A completed version of this form must be signed and submitted to Wright-Hennepin (WH). See page 2 of this form for WH's Critical Services policy which details eligibility, requirements, and the cooperative's outage response procedure. In the event of a prolonged outage, all efforts will be made to restore this service as quickly as possible.

Name of Clinic _____

Clinic Phone Number _____ Clinic Fax Number _____

Clinic Address _____ Unit # _____

City _____ State _____ Zip _____

Physician's Name _____

Physician's Phone Number _____

Patient Name _____

Patient's Electric Service Address _____ Apt. # _____

City _____ State _____ Zip _____

I certify that the patient named above is using a critical life support system that requires electricity to operate. The required system is (please check all that apply):

- | | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> Child On Monitor | <input type="checkbox"/> Nebulizer | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Facility For Physically Disabled People |
| <input type="checkbox"/> Colostomy | <input type="checkbox"/> Ventilator | <input type="checkbox"/> Electric Bed Or Lift Chair | <input type="checkbox"/> Oxygen Concentrator |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Pulma Aid | <input type="checkbox"/> Special Medical Equipment | |
| <input type="checkbox"/> Multiple Schlerosis | <input type="checkbox"/> Respirator | <input type="checkbox"/> Other Medical Needs | |

If you checked other medical needs, please specify: _____

Does this critical equipment have a back-up battery? Yes No

Physician's Signature: _____ Today's Date _____

Submit the completed for by email, mail, or fax to Wright-Hennepin Cooperative Electric Association to ensure this patient's service is included on the cooperative's critical services list. If the life support system for the patient named above is removed, please notify WH.

Wright-Hennepin Cooperative Electric Association
Attn: Electric Dispatch Center
P.O. Box 330
Rockford, MN 55373

Email: info@whe.org
Fax: (763) 477-3078