AUTHORIZED SERVICE INTERRUPTION REQUEST FORM

(AE Suppl 1 to AR 25-1)

Part I — General

NOTES: 1. Any request for "other than routine" authorized service interruption (ASI) requires the approving signature of a colonel or higher in the chain of command of the organization conducting the ASI. 2. Instructions for completing this form are on page 3.

1a. ASI type	1b. ASI number	1c. ASI submission date	1d. Suspense date	1e. ASI date	1f. RFC number

1g. ASI title summary

Part II — Requester Information

2. Primary agency or office performing the ASI

2a. Agency, organization, or unit	2b. Section	2c. Military telephone number	2d. Military secure telephone number

3a. Technician name (first MI. last)	3b. NIPRNET e-mail address	3c. SIPRNET e-mail address

4a. Supervisor name (first MI. last)	4b. NIPRNET e-mail address	4c. SIPRNET e-mail address

5. Will local support be needed? (If yes, explain the type of support required.)	5a. No	5b. Yes
	☐	☐

6. Secondary agency or office assisting with the ASI

6a. Agency, organization, or unit	6b. Section	6c. Military telephone number	6d. Military secure telephone number

7a. Technician name (first, MI, last)	7b. NIPRNET e-mail address	7c. SIPRNET e-mail address

Part III — ASI Details

8. ASI level	9. Primary date		10. Alternate date	
	a. Start date	c. End date	a. Start date	c. End date
	b. Start time	d. End time	b. Start time	d. End time

11a. Reason for ASI

11b. Impact if ASI is not conducted

12. Description of work and implementation plan

13. Services impacted and technical assessment

14a. OP-impact level	14b. Operational impact

15a. Msn-impact level	15b. Mission impact

Part III — ASI Details (Continued)

16. Will general officers or VIPs be affected (If yes, list them.)

16a. No	16b. Yes
☐	☐

17. ASI location

17a. Post, camp, community, kaserne or station and garrison	17b. City	17c. Building

18. Devices affected (List the links, trunks, and circuits affected during the outage.)

19. Affected areas of responsibility (AORs) (identified by the supporting signal battalion (sig bn)), **organizations, and users**

19a. Affected AORs			19b. Affected organizations or combatant commands	19c. Number of affected users
39th Sig Bn ☐	52d Sig Bn ☐	509th Sig Bn ☐		
44th Sig Bn ☐	102d Sig Bn ☐	Theater ☐		

20. Rehearsal

20a. Rehearsal required and conducted	☐ No	☐ Yes	20b. Rehearsal date (YYYYMMDD)

20c. Name of technician who conducted the rehearsal (First MI. Last)	20d. Military telephone number

21a. Roll-back plan description	21b. Roll-back time (Hours required to implement the roll-back plan.)

Part IV — Waiver

22a. Justification

22b. Agency, organization, or unit	22c. Section	22d. Military telephone number	22e. Military secure telephone number

23a. Approved by (First MI. Last)	23b. NIPRNET e-mail address	23c. SIPRNET e-mail address

24a. Date (YYYYMMDD)	24b. Signature

Part V — ASI Notification and Completion Process

This notification and completion process applies to all enterprise and local ASIs.

_____ Initial

1. By 30 minutes before all ASI start times, the agencies, organizations, and technicians performing the ASI will contact the RCC-E Watch (mil 314-565-6158/6131/6811 or civ 0049-(0)611-143-6158/6131/6811). As a minimum, they will provide an ASI trouble ticket number , the ASI title, and the start time. The RCC-E Watch will provide the technician with a telephone number to dial into a phone bridge.

_____ Initial

2. At the ASI start time, the technician will dial into the phone-bridge number provided by the RCC-E Watch and remain on the line until the ASI is completed.

_____ Initial

3. When the ASI is completed, the technician will update the trouble ticket and close it. The ASI is not officially complete until the trouble ticket is closed.

Instruction

Part I — General Information

1a. ASI type. Select one of the following:
Routine
Urgent
Demand maintenance
Emergency

1b. ASI number. Provide the network operations support system (NSS) trouble-ticket number.

1c. ASI submission date. Date the NSS trouble ticket was created.

1d. ASI suspense date. Five days before execution of the ASI.

1e. ASI date. Date the ASI will be performed.

1f. RFC Number. Request for change (RFC) number that was submitted to change management.

1g. ASI title summary. Brief description of the ASI.

Part II — Requester Information

2. Primary agency or office performing the ASI.

2a. Agency, organization, or unit. Name of agency, organization, or unit performing the ASI.

2b. Section. Section within the agency, organization, or unit performing the ASI.

2c. Military telephone number. The requester's military telephone number.

2d. Military secure telephone number. The requester's VoSIP, STE, or DRSN telephone number.

3a. Technician name. Technician performing the ASI.

3b. NIPRNET e-mail address. Technician's official unclassified e-mail address.

3c. SIPRNET e-mail address. Technician's official classified e-mail address.

4a. Supervisor name. Name of supervisor of technician performing the ASI.

4b. NIPRNET e-mail address. Supervisor's official unclassified e-mail address.

4c. SIPRNET e-mail address. Supervisor's official classified e-mail address.

5. Will local support be needed? Select one of the following:

5a. No. No local support is needed.

5b. Yes. Local support is needed. Explain the type of support needed to assist with the ASI locally.

6. Secondary agency or office assisting with the ASI.

6a. Secondary agency, organization, or unit. Name of other agency, organization, or unit helping to conduct the ASI.

6b. Section. Section within agency or organization helping conduct the ASI.

6c. Military telephone number. Secondary agency's military telephone number.

6d. Military secure telephone number. Secondary agency's primary VoSIP, STE, or DRSN number.

7a. Technician name. Name of technician helping conduct the ASI.

7b. NIPRNET e-mail address. Secondary technician's official unclassified e-mail address.

7c. SIPRNET e-mail address. Secondary technician's official classified e-mail address.

Part III -- ASI Details

8. ASI level. Select one of the following:
Enterprise. If the ASI will affect a CCMD and multiple SSBs.
Local. If the ASI will affect only one SSB.

9. Primary date.
a. Start date. Start date of ASI.
b. Start time. Start time of ASI.
c. End date. End date of ASI.
d. End time. End time of ASI.

10. Alternate date.
a. Start date. Alternate start date of ASI.
b. Start time. Alternate start time of ASI.
c. End date. Alternate end date of ASI.
d. End time. Alternate end time of ASI.

11a. Reason for ASI. Provide supporting document and reference number of task order (USCYBERCOM task number).

11b. Impact if ASI is not conducted. Describe the effect on equipment or services if the ASI is not conducted.

12. Description of work and implementation plan. Describe step by step, from start to finish, what the technician will be doing during the ASI.

13. Services impacted and technical assessment. Provide a detailed list of all services that will be affected during the ASI.

14a. Operational (OP) impact level. Select one of the following:
Major. Complete loss of network connectivity and power.
Minor. Degradation of services.
HAZCON. Loss of one or more system or items of equipment that provide power, cooling, or redundant services.
No impact. No loss of services, network, or power.

14b. Operational impact. Provide a detailed description of what the user will be unable to do (for example, unable to access web portal, unable to use classified phones).

15a. Mission-impact level. Select one of the following:
Major. Complete loss of network connectivity and power.
Minor. Degradation of services.
HAZCON. Loss of one or more system or items of equipment that provide power, cooling, or redundant services.
No impact. No loss of services, network, or power.

15b. Mission impact. List the missions that will be affected (and for how long) during the ASI.

16. Will general officers or very important persons (VIPs) be affected? Select one of the following:

16a. No.

16b. Yes. List the names and position titles of all general officers and VIPs who will be affected.

17. ASI location.

17a. Post, camp, community, kaserne, or station and garrison. Enter the name of the installation where the ASI will be performed.

17b. City. Provide if possible.

17c. Building. Provide if possible.

18. Devices affected. Identify each major component (that is, links, trunks, and circuits) that will be affected by the ASI outage.

19. Affected areas of responsibility (AORs) (identified by the supporting signal battalion (sig bn)), organizations, and users.

19a. Affected AORs. Check the AOR that will be affected by the ASI. Except for the theater-wide AOR, each AOR is identified by the numbered sig bn that supports that AOR.

19b. Affected organizations or combatant commands. Provide the names of organizations or combatant commands (CCMDs) that will be affected by the ASI.

19c. Number of affected users. Provide the approximate number of users who will be affected by the ASI.

20. Rehearsal.

20a. Rehearsal required and conducted. Select one of the following:
No. A rehearsal was neither required nor conducted.
Yes. A rehearsal was conducted.

20b. Rehearsal date. The date the rehearsal was conducted.

20c. Name of technician who conducted the rehearsal. The name of the technician and organization that conducted the rehearsal.

20d. Military telephone number. The technician's primary office telephone number.

21a. Roll-back plan description. Provide a detailed course of action if the ASI is not successful.

21b. Roll-back time. Amount of time, in hours, required to implement roll-back plan, if required.

Part IV — Waiver

22a. Justification. Provide a justification for the wavier.

22b. Agency, organization, or unit. Name of agency, organization, or unit of assignment.

22c. Section. Section within the agency, organization, or unit of the approver.

22d. Military telephone number. Provide the telephone number of the technician who will conduct the ASI.

22e. Military secure telephone number. Provide the VoSIP, STE, or DRSN number of the technician who will conduct the ASI.

23a. Approved by. Enter the name of the authority in the requester's chain of command who approved the waiver. The approval authority must be at least a major or civilian equivalent for routine ASIs and at least a colonel or civilian equivalent for other than routine ASIs.

23b, NIPRNET e-mail address. The official unclassified e-mail address of the approval authority (block 23a).

23c. SIPRNET e-mail address. The official classified e-mail address of the approval authority (block 23a).

24a. Date. The date the approval authority signed AE Form 25-1N.

24b. Signature. Digital signature of the approval authority (block 23a).