

e-FILING REPORT COVER SHEET

Send completed Cover Sheet and the Report in an email addressed to: PUC.FilingCenter@state.or.us

REPORT NAME:	5-Year Check-	-In		
COMPANY NAME:	Q-Life			
DOES REPORT CON	NTAIN CONFI	DENTIAL INFORMATION? No Yes		
• •	•	cover letter electronically. Submit confidential information as directed in applicable protective order.		
If known, please selec	et designation:	☐RE (Electric) ☐RG (Gas) ☐RW (Water) ☐RO (Other)		
Report is required by:	⊠OAR	860-024-0011		
	Statute	Enter Statute		
	⊠Order	06-597		
	Other	Enter reason		
Is this report associate	ed with a specif	ic docket/case? No Yes		
If yes, enter docket number:				
List applicable Key W Utility pole inspection		eport to facilitate electronic search:		
• An • OU • An	nual Fee Stater JS or RSPF Sur y other Telecor	ne PUC Filing Center: ment form and payment remittance or reharge form or surcharge remittance or mmunications Reporting or or safety incident reports or		

Please file the above reports according to their individual instructions.

Accident reports required by ORS 654.715

Mid cycle Report to Oregon Public Utility Commission on facility inspections

OAR 860-024-011(1)(b)(A)(i)

From: Commstructure Consulting LLC, on Behalf of Q-Life Network

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This is a summary of the facilities inspection activity for Q-Life Network For the calendar years 2013 through 2017

Year	Number	Percentage
2013	135	19.3%
2014		0.0%
2015		0.0%
2016		0.0%
2017		0.0%
totals	135	19.3%

Number refers to number of (poles) that were inspected during that calendar year.