**6. Forms**

**F533/01**

**Data Provision Authorisation Form**

|  |  |  |  |
| --- | --- | --- | --- |
| To: | BSC Service Desk |  |  |
| From: |  | Date: |  |
| Company Name: |  |  |  |
| Address: |  | Participant Id: |  |
|  |  |  |  |
|  |  |  |  |
| Category of Data Provider | SMRASupplierData CollectorMeter Operator AgentData Aggregator\**\* Delete as appropriate* |  |  |
| Authorised Personnel:Names: |  |  |  |
| Telephone No: |  |  |  |
| Data submission email address: |  |  |  |

These contact details are: In addition to existing contact(s) / A replacement for existing contact(s) \*

*\* Delete as appropriate*

Please email BSC Service Desk.

**F533/02**

**Request for Information**

|  |  |  |  |
| --- | --- | --- | --- |
| To: |  |  |  |
| Company Name: |  |  |  |
| From: | PAA | Date: |  |
| Contact No: |  |  |  |
|  |  |  |  |
| Reporting Period:From: |  | To: |  |
|  |  |  |  |
| Log Query\* No: |  |  |  |
| *\* Delete as appropriate* |  |  |  |
| **Description/Request:** |
|  |
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Please email information/data PAA.

**F533/03**

**Query Form**

|  |  |  |  |
| --- | --- | --- | --- |
| To: | PAA | Date: |  |
| From: |  | Authorised Signature |  |
| Telephone No: |  |  |  |
| Category of Data Provider | SMRA/Supplier/SVAA/CDCA: |  |  |
| Log No: |  |  |  |
|  |  |  |  |
| Description of Query: |
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Please send to PAA.

**F533/04**

**Query Response**

|  |  |  |  |
| --- | --- | --- | --- |
| To: |  | Company Name: |  |
| From: | Performance Assurance Administrator | Signature: |  |
| Date: |  | Telephone No: |  |
| Query No: |  |  |  |
| Response to Query: |
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**F533/05**

**Supplier Validation Response (Supplier Agent submitted data)**

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| --- | --- |
| To: | BSC Service Desk |
| From (Supplier Name): |  |
| Date: |  | Telephone No: |  |

I hereby wish to confirm the following data and agree its use in PARMS techniques.

|  |  |  |  |
| --- | --- | --- | --- |
| **File ID (Taken from the relevant received report)** | **Reporting Period** | **Serial** | **Data Provider** |
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I hereby wish to reject the following data and do not agree its use in PARMS techniques.

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| --- | --- | --- | --- | --- |
| **File ID (Taken from the relevant received report)** | **Reporting Period** | **Serial** | **Data Provider** | **Reason for rejection of Data** |
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Please send to BSC Service Desk.

**F533/06**

**Peer Comparison Contact Authorisation Form**

Email to BSC Service Desk

Authorised Contact to Receive Peer Comparison Reports

Authorised Contact Name: ……………………………………..

Organisation Name: …………………………………………….

Participant Role *(Delete as appropriate)*:

Supplier / Meter Operator Agent / Data Aggregator / Data Collector

Market Sector *(Delete as appropriate)*:

Half Hourly / Non Half Hourly

Participant Id: ………………………………..

Address: ……………………………………………………………..

………………………………………………………………………..

Tel: …………………………………………………………

Authorised contact Email Address: ……………………………………………

This contact is: In addition to existing contact(s) / To replace existing contact(s)\*

*\* Delete as appropriate*

**F533/07**

**Peer Comparison Query Form**

|  |  |  |  |
| --- | --- | --- | --- |
| To: | Performance Assurance Administrator |  |  |
| From: |  | Authorised Signature: |  |
| Tel: |  |  |
| Log No: |  |  |  |
| Description of Query: |
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Please Email the PAA.

|  |
| --- |
| **THIS SECTION TO BE USED BY PAA**I hereby acknowledge receipt of your query. |
| Name: |  | Signature: |  |
| Query Number assigned: |  | Date: |  |

**7. Data Processing Reports**

The following reports are those generated by PARMS and issued to participants to support data processing, validation and authorisation activities. The file naming convention for each report is included beneath each report type.

**7.1 Email Receipt Report**

ER\_<Email Received Number>.txt

|  |
| --- |
| P\_A\_R\_M\_SEmail received from: Received on: Subject: The following attachments were processed from this email:The following problems were encountered when processing this email:Report created: |

**7.2 Data Receipt Report**

DR\_<Date File Received>\_<File Load Number>.log

|  |
| --- |
| P\_A\_R\_M\_SData file:File type:Attached to email received on: [DATETIME] from:Creation date time:Period End date:Validation Results:Report created: |

**7.3 Completeness Report**

CR\_<Reporting Period>\_<Supplier ID>\_<Creation Time>.txt

**A. Data Complete**

|  |
| --- |
| P\_A\_R\_M\_SData complete for reporting period [reporting period]Report Created:All expected data for this period has been received the date and time this report was created. Your subsequent actions (i.e. altered agent appointment advice to ELEXON) may result in this report becoming inaccurate. It remains your responsibility to ensure all reporting is complete, accurate and Code compliant. |

**B. Data Missing**

|  |
| --- |
| P\_A\_R\_M\_S[data example]Data Missing for reporting period SEP-2004, GSP Group : \_K, Participant : ABCD, Role : M, Serial : NM03Data Missing for reporting period SEP-2004, GSP Group : \_K, Participant : ABCD, Role : M, Serial : NM04Data Missing for reporting period SEP-2004, GSP Group : \_K, Participant : ABCD, Role : M, Serial : SP05Data Missing for reporting period SEP-2004, GSP Group : \_K, Participant : ABCD, Role : M, Serial : SP06Data Missing for reporting period SEP-2004, GSP Group : \_L, Participant : EFGH, Role : M, Serial : NM03Data Missing for reporting period SEP-2004, GSP Group : \_L, Participant : EFGH, Role : M, Serial : NM04Data Missing for reporting period SEP-2004, GSP Group : \_L, Participant : EFGH, Role : M, Serial : SP05Data Missing for reporting period SEP-2004, GSP Group : \_L, Participant : EFGH, Role : M, Serial : SP06Data Missing for reporting period SEP-2004, GSP Group : \_M, Participant : IJKL, Role : M, Serial : NM03Data Missing for reporting period SEP-2004, GSP Group : \_M, Participant : IJKL, Role : M, Serial : NM04Data Missing for reporting period SEP-2004, GSP Group : \_M, Participant : IJKL, Role : M, Serial : SP05Data Missing for reporting period SEP-2004, GSP Group : \_M, Participant : IJKL, Role : M, Serial : SP06Report Created: 28-OCT-2004 09:13:37These are the reports known to be missing at the date and time this report was created. Your subsequent actions (i.e. altered agent appointment advice to ELEXON) may result in this list becoming incomplete. It remains your responsibility to ensure all reporting is complete, accurate and Code compliant. |

**C. No Data Submitted**

|  |
| --- |
| P\_A\_R\_M\_SNo data submitted for reporting period [reporting period]Report Created:All expected data for this period has been received the date and time this report was created. Your subsequent actions (i.e. altered agent appointment advice to ELEXON) may result in this report becoming inaccurate. It remains your responsibility to ensure all reporting is complete, accurate and Code compliant. |

**7.4 Third Party Output Data Report**

TR\_<Reporting Period>\_<Supplier ID>\_X\_<Serial ID>\_<Corresponding DR Log Number>.txt

Or

TR\_<Reporting Period>\_<Agent ID>\_<Agent Role Code>\_<Supplier ID>\_X\_<Serial ID>\_<Corresponding DR Log Number>.txt

Or

TR\_<Reporting Period>\_<Agent ID>\_<Agent Role Code>\_<Serial ID>\_<Corresponding DR Log Number>.txt

|  |
| --- |
| P\_A\_R\_M\_SThe following data has been submitted to PARMS on your behalf by the Participant detailed below. No queries raised on this data by close of business [DD-MMM-YYYY] will be taken as acceptance. It remains your responsibility to ensure all reporting is complete, accurate and BSC compliant.PARMS Reference:Serial:From Participant Id:From Role Code:File Name:Received:Period End Date: Contents:[(spooled details)]Report created: [Sys date/time] |

**7.5 Consolidated PARMS Report**

CONS\_<Reporting Period>\_<Supplier ID>\_X\_<Creation Time>.txt

Or

CONS\_<Reporting Period>\_<Agent ID>\_<Agent Role Code>\_<Creation Time>.txt

|  |
| --- |
| P\_A\_R\_M\_S Consolidated ReportThe following data has been submitted to PARMS on your behalf for the Serials below.Period End Date: Serial: PARMS Reference:Contents:[(spooled details)]Report created: [Sys date/time] |