



GOVERNMENT OF SAMOA  
NATIONAL EMERGENCY OPERATION CENTRE

Telephone: (+685) 32759, 997

Please address all correspondence to:

NEOC National Controller, Private Bag, Apia, Samoa

Website: <http://www.mnre.gov.ws/> Email: [dmosamoa@gmail.com](mailto:dmosamoa@gmail.com)

**ENERGY CRISIS DATA COLLECTION FORM**

In response to the ongoing national energy crisis, the Government is undertaking a rapid assessment of the impacts on households, businesses, and institutions. This form is intended to gather accurate information (evidence and data) on damages to electrical appliances and equipment, disruptions to services, and loss of income resulting from the crisis. The information collected will guide planning and coordination of targeted and reasonable support, subject to available resources and verified need. Completion of this form does not guarantee compensation or replacement of items, but it will assist the government in identifying the most affected and vulnerable groups and prioritizing assistance accordingly. Only those within the affected areas of Upolu are required to complete the Form and provide relevant supporting documentation. Deadline for submission is the **25<sup>th</sup> April 2025**.

**Section 1. Details of Affected Population**

<b>NAME</b> (Head of Household/Business/ Organization/School/ Govt Agency)			
<b>PRIMARY CONTACT DETAILS</b> (Name, Email and Phone Number)		<b>ALTERNATIVE CONTACT DETAILS</b>	
<b>EPC METER NUMBER</b> (Household/Business/ Organization/School)		<b>BUSINESS LICENSE NUMBER</b> (Registered Business Only)	
<b>VILLAGE</b>		<b>DISTRICT</b>	
<b>GPS COORDINATES</b> (using smart phones)			

**Section 2. Submission Type (Select one)**

<input type="checkbox"/> Residential household	a) Household Count	b) No. of Persons with Disability (PWD)	d) No. of Children Age (0-17)
		c) No. of Persons under special healthcare	e) No. of Elderly 65+
<input type="checkbox"/> Business (Registered Business License)	a) Number of employees	b) No. of Persons with Disabilities (PWD)	



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<input type="checkbox"/> NGOs	a) Number of Staff	b) No. of Persons with Disabilities (PWD)
<input type="checkbox"/> Faith based organizations	a) Number of Congregation	b) No. of Persons with Disabilities (PWD)
<input type="checkbox"/> Schools	a) Number of Students and No. Staff	b) No. of Persons with Disabilities (PWD)
<input type="checkbox"/> Government Agency	a) Number of Staff	b) No. of Persons with Disabilities (PWD)

Others

Section 3. Type of Impact	Details (Please list items affected by the energy crisis)				
<input type="checkbox"/> Electrical Appliances (refrigerators, stoves, washing machines etc)	List of Items	Type, Year of Manufacture and Count	Purchased/Gifted /Donated	Estimated Cost	Date and Time of impact if known
<input type="checkbox"/> Electrical Equipment (switchboards, generators etc)	List of Items	Type, Year of Manufacture and Count	Purchased/Gifted /Donated	Estimated Cost	Date and Time of impact if known



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	List of Items	Type, Year of Manufacture and Count	Purchased/Gifted /Donated	Estimated Cost	Date and Time of impact if known
<input type="checkbox"/> Office Equipment (computers, printers etc)					
<input type="checkbox"/> Loss of Income (for households only)	Type (Salary/Wages or other)		Estimated Value		
<input type="checkbox"/> Loss of Revenue (for registered businesses only)	Type (Retail Sales, Services, or other)		Estimated Value		
<input type="checkbox"/> Perishable Goods Impacted	Type of Perishable Goods		Estimated Cost		
Other:					



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<p><b>SECTION 4: SUPPORTING DOCUMENTS</b></p> <p>Select documents provided for this submission</p>	<p><input type="checkbox"/> Photos (Appliance/equipment/serial number/damaged perishable items)</p> <p><input type="checkbox"/> Receipt of purchase (Appliance/equipment/damaged perishable items)</p> <p><input type="checkbox"/> Loss of Income evidence - Salary/Wages Pay slip or Bank Statements (for households)</p> <p><input type="checkbox"/> Loss of Sales /Revenue Records (for businesses)</p> <p><input type="checkbox"/> Verified Incident Report by certified electrician/engineer etc</p> <p><input type="checkbox"/> Valid Business License for registered businesses</p> <p><input type="checkbox"/> MCIL certificate of validity/registration for NGOs</p> <p><input type="checkbox"/> Confirmation signature of either Faife'au/Pulenu'u/Sui Tama'ita'i/Fono Fa'avae o le Nu'u for households only:</p> <p style="text-align: center;">Name _____</p> <p style="text-align: center;">Signature _____</p>
<p><b>SECTION 5: RECOMMENDED ACTIONS FOR DISASTER ADVISORY COMMITTEE</b></p>	<p>Provide information on recommendations to address impacts noted in this submission.</p>
<p><b>Declaration:</b></p>	<p>I declare that the information in the form including the supporting documentation I have provided in this submission are accurate and true.</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
<p><b>Submissions to be made where it is applicable:</b></p>	<ul style="list-style-type: none"> <li>To the NEOC Building Tuanaimato or email scanned copy <a href="mailto:dmosamoa@gmail.com">dmosamoa@gmail.com</a> <u>OR to the following locations:</u></li> <li>Households – District Office (Fono Fa'avae) or Ministry of Women, Community and Social Development</li> </ul>



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|--|---|
|  | <ul style="list-style-type: none"><li>• Registered Business – Ministry of Commerce, Industry and Labor or Samoa Chamber of Commerce</li><li>• Schools – Ministry of Education and Culture</li><li>• Health Care Facilities – Ministry of Health</li><li>• Tourism Operators – Samoa Tourism Authority</li></ul> |
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**List of villages affected by the Power Rationing Schedule**

Aai o Fiti	Fusi Safata	Maluafofua	Saina	Siuniu	Utufaalalafa	Vailele
Aai o Niue	Gagaifo o le Vao	Maninoa	Salamumu Tai	Siupapa	Utulaelae	Vaiala
Aele Fou	Ilili	Manono Uta	Salamumu Uta	Siusega	Vaiee	Sataoa
Afega	Lalomanu	Matafaa	Salani	Tafagamanu	Vaigalu	Afiamalu
Afia	Lalovi	Matafele	Saleapaga	Tafaigata	Vailima	Aleisa
Afolau	Lealatele	Matanofu	Saleaumua	Tafatafa	Vailoa	Magiagi
Alafou	Leaupuni	Matatufu	Saleilua	Tafitoala	Vailoa Aleipata	Falelatai
Alafua	Leauvaa	Matautu Falealili	Salepouae	Talimatau	Vailuutai	Saanapu
Alamagoto	Leifiifi	Matautu Lefaga	Salesatele	Tanoaleia	Vaimea	Tuanaimato
Alamutu	Lelata	Moataa	Saleufi	Tanugamanono	Vaimoso	Lalovaea
Amaile	Leone	Motootua	Salua	Tanumalala	Vaipapa	Matautu Apia
Apai	Lepa	Mulivai	Samai	Tanumapua	Vaipuna	Moamoa
Apia	Lepale	Mulivai Safata	Samatau	Tapatapao	Vaisigano	
Apolima Fou	Lepea	Mutiatele	Samea	Tauese	Vaitele Tai	
Aufaga	Lepuiai	Nefunefu	Samusu	Taufusi	Vaiusu	
Avele	Letava	Nofoalii	Sapoe	Tausagi	Vaivase Tai	
Elise Fou	Letogo	Nonoa	Sapunaoa	Tiapapata	Vaivase Uta	
Faatoialemanu	Leufisa	Nuu	Satalo	Tiavea	Vaoala	
Fagalii	Leulumoega	Nuusuatia	Satapuata	Toamua	Vaovai	
Faleasiu	Levi	Olo	Satitua	Togafuafua	Vavau	
Faleatiu	Levili	Paepaeala	Satoi	Togitogiga	Vinifou	
Falelauniu	Lotofaga	Palisi	Satuilagi	Toomatagi	Moataa Uta	
Faleolo	Lotofaga Safata	Papauta	Satuimalufilufi	Tuaefu	Papaloloa	
Faleseela	Lotopa	Pata	Savaia	Tuanai	Tanumaleko	
Faleu	Lotopue	Pesega	Savalalo	Tufuiopa	Malololelei	
Faleula	Lotosoa	Piu	Seesee	Tufulele	Tiavi	
Falevai	Malaela	Poutasi	Sina	Tulaele	Vaitele Uta	
Fasitoo Uta	Malaemalu	Puipaa	Sinamoga	Tuloto	Vaitele Fou	
Fasitoo Tai	Malie	Saaga	Siufaga Falelatai	Ululoloa	Nafanua	
Fausaga	Malifa	Safaatoa	Siumu	Ulutogia	Fatitu	
Fuailoloo	Malua	Safune	Siumu Uta	Utualii	Falepuna	