

ANNEXURE – XIII
Form for Reporting Electrical Accidents
(See Rule – 44 – A)

- 1. Date and time of Accident
- 2. Place of Accident:-
(Village/Town/Thana)
District and State:-
- 3 System and Voltage of supply:-
(Whether EH/HV/LV line, sub – station
/generating station/consumer installation):-
- 4. Designation of the officer – in – charge of the
Supplier in whose jurisdiction the accident occurred:-
- 5. Name of owner/user of energy in whose premises the accident occurred:-
- 6. Detail of victim(s):-

| Sl. No | Name | Father’s Name | Sex of victim | Full Postal Address | Approximate age | Fatal/Non Fatal |
|-----------|------|------------------|------------------|------------------------|--------------------|--------------------|
| | | | | | | |
| | | | | | | |

(b)

| Sl.No | Description of Animal(s) | Number(s) of owner | Address of owner | Fatal/ Non Fatal |
|-------|--------------------------|-----------------------|------------------|------------------|
| 1 | | | | |
| 2 | | | | |

- 7. Incase the victim(s) is/are employee(s) of supplier:-
 - (a) Designation of such person(s):-
 - (b) Brief description of the job:-

If any,
 - (c) Whether such person/persons was/were allowed to work on the job:-
- 8. In case the victim(s) are employee (s) of a licensed contractor:-
 - (a) Did the victim(s) possess any electric workman’s permit(s)
Supervisor’s certificate of competency issued under Rule 45:-
- 9. In case of accident in the supplier’s system was the permit to work(PTW) taken:-

10. (a) Describe fully the nature and extent of injuries e.g fatal/disablement(permanent or temporary) of portion of the body or burn or other injuries:-
11. Detailed causes leading to the accident.
(to be given in a separate sheet annexed to this form)
12. Action taken regarding first aid, Medical attendance etc.
Immediately after the occurrence of the accident (give detail):-
13. Whether the District Magistrate and police station concern
Have been notified of the accident if so give detail:-
14. Step taken to preserve the evidence in connection with the accident to extend possible:-
15. Name and designation(s) of the person (so assisting, supervising the person(s)
killed or injured:-
16. What safety equipments were given to and used by the person(s) who met with this accident e.g
rubber gloves, rubber mats, safety belt and ladders):-
17. Whether isolating switches and other sectionalizing devices were employed to deaden the section
of working on the same:-
Whether working section was earthed at the time of work:-
18. Whether the work on the live lines was undertaken by authorised person(s)? If so, the name
and designation of such person(s) may be given:-
19. Whether artificial resuscitation treatment was given to the person(s) who met with the electric
accident? If yes, how long it continued before its abandonment?
20. Name and designation of persons present at witnessed the accident:-
21. Any other information? Remarks:-

Place: -

Signature

Time: -

Name

Date:-

Designation