

FORM A

FORM FOR REPORTING ELECTRICAL ACCIDENTS

1. Date and time to accident.
2. Place of accident.
(Village/Town, Tehsil/Thana, District and State).
3. System and voltage of supply [Whether Extra High Voltage (EHV)/High Voltage (HV)/Low Voltage (LV) Line, sub-station/generation station/consumer's installations/service lines/other installations].
4. Designation of the officer-in-charge of the generating company/licensee in whose jurisdiction the accident occurred.
5. Name of owner/user of energy in whose premises the accident occurred.
6. Details of victim(s):

(a) Human

Sl. No.	Name	Father's Name	Sex of victim	Full postal address	Approximate age	Fatal/non-fatal
1	2	3	4	5	6	7

(b) Animal

Sl. No.	Description of animal(s)	Number(s)	Name(s) of owner(s)	Address(es) of owner(s)	Fatal/non-fatal
1	2	3	4	5	6

7. In case the victim(s) is/are employee(s) of supplier:—
 - (a) designation of such person(s);
 - (b) brief description of the job undertaken, if any;
 - (c) whether such person/persons was/were allowed to work on the job.
8. In case the victim(s) is/are employees(s) of a licensed contractor,—
 - (a) did the victim(s) possess any electric workmen's permit(s), supervisor's certificate of competency?
If yes, give number and date of issue and the name of issuing authority;
 - (b) name and designation of the person who assigned the duties of the victim(s).
9. In case of accident in the system of the generating company/licensee, 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 any portion of the body or burns or other injuries.
- (b) In case of fatal accident, was the post mortem performed?

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 details).
13. Whether the District Magistrate and Police Station concerned have been informed of the accident (If so, give details).
14. Steps taken to preserve the evidence in connection with the accident to extent possible.
15. Name and designation(s) of the person(s) assisting, supervising the person(s) killed or injured.
16. What safety equipments were given to or used by the person(s) who met with this accident (e.g., rubber gloves, rubber mats, safety belts and ladders etc.)?
17. Whether isolating switches and other sectionalizing devices were employed to deaden the sections for working on the same. Whether working section was earthed at the site of work.
18. Whether the work on the live lines was undertaken by authorised person(s)? If so, the name and the 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 was it continued before its abandonment?
20. Names and designations of persons present at, and witnessed, the accident.
21. Any other information/remarks.

Place.....

Time.....

Date.....

Signature.....

Name.....

Designation.....

Address of the
person reporting.....