

Reporting Electrical Accidents **Involving Human Beings**

- 1) Date and time of accident :
- 2) Place of accident (Village/Town, Taluk, District) :
- 3) System and voltage of supply (Whether EHV/HV/LV
Line sub-station / generating station / consumer's installations /
service lines / other installations) :
- 4) Officer in whose jurisdiction the accident occurred :
- 5) Name and address of owner / user of energy in whose
premises the accident occurred :
- 6) Details of victims :
 - (a) Number of victims :
 - (b) Whether Fatal / Non-fatal :
 - (c) Whether employee of a licensee or a generating
Company/ Contractor / Contractor's workman /
Others :

Sl. No.	Name	Name of Parents	Sex	Approximate Age	Address	Nature of Accident (Fatal / Non Fatal)
(1)	(2)	(3)	(4)	(5)	(6)	(7)

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- 7) In case the victim is an employee of a licensee or generating company:-
 - (A) Designation of such person :
 - (B) Brief description of the job undertaken if any :
 - (C) Whether such person was allowed to work in the job :
 - (D) In case of petty contractor / contractor's workmen –
details regarding the agreement / work order
including the amount as per the agreement / work order :
- 8) In case the victim is an employee of a licensed contractor:-
 - (A) Did the victim possess a valid electric workmen's
permit /supervisor's certificate of competency? :
 - If yes, give the number and date of issue and the name of
issuing authority

- 9) (a) Describe fully the nature and extent of injuries, (fatal/non-fatal, permanent or temporary disablement of any portion of the body or, burns or other injuries) :
- (b) Was the post mortem performed in case of fatal accident? :
- 10) Detailed causes leading to the accident (to be given in a separate sheet attached to this Form) :
- 11) Whether site mahazar has been prepared (if so, enclose copy of site mahazar) :
- 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 :
- 15) Name and designation of the person assisting or supervising the person killed or injured :
- 16) What safety equipments were given to and used by the person 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 under taken by authorized persons? If so, the name and the designation of such persons :
- 19) Whether artificial resuscitation treatment was given to the person who met with the electric accident? If yes, how long was it continued before its abandonment? Names and address of persons witnessed the accident :
- 20) List of enclosures :
- 21) Any other information/remarks :

Place:

Time

Date:

Signature:

Name:

Designation:

Address: