

FORM FOR REPORTING ELECTRICAL ACCIDENTS

(See rule 44-A of the Indian Electricity Rules,1956;

&

the Atomic Energy (Factories)Rules, 1994; rule 89(2))

1. Date and time of accident :
2. Place of accident and district :
3. System & Voltage of supply :
4. Name of the licensee or person/persons or
supplier or user of energy in whose premises
or jurisdiction the accident occurred :
5. a) (i) Name of the person :
- (ii) Animal(please specify the name and
address of the owner) :
- b) Address of such/each person :
6. Occupation and designation of such
person/persons (and in particular whether
employed in electrical works or elsewhere) :
7. Brief description of the job undertaken, if any :
8. Authority under which such person / persons
was / were allowed to work on the job. State
also whether he/they was/were authorised
person/persons :
9. Describe fully nature and extent of injuries,
e.g. fatal, disablement of any portion of body
or other injury, etc. :
10. Detailed causes leading to the accident :
11. Action taken regarding first aid, medical
attendance, etc. immediately after the
occurrence of the accident. :
12. Whether appropriate Govt. Dist. and police
station informed (if so, give the address). :

13. Steps taken to preserve the evidence in connection with the accident to the extent possible. :
14. Name and designation/s of the person/s assisting the person/s killed or injured. :
15. What safety equipment were given to and used by the person/s who met with this accident(e.g. rubber gloves, rubber mats, safety belts and ladders, etc.). :
16. Whether isolating switches and other sectionalising devices were employed to deaden the sections for working on the same, if so, whether these were earthed. :
17. Whether the work on live lines was undertaken by an authorized person/s. If so, the name and designation of such person/s may be given. :
18. Whether artificial resuscitation treatment was given to the person who met with electric accident. If yes, for how long was it continued, before abandonment. :
19. Steps proposed to be taken to avoid recurrence. :
20. Names and designations of persons present at the time of accident. :
21. Any other remarks. :

Date:

Manager

Signature :

Time:

Name:

1. **Electrical Inspector of the region.**
2. **Competent Authority.**