

FORM A

Form for Reporting Electrical Accidents

1. Date and time of 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. 1	Name 2	Father's Name 3	Sex of victim 4	Full Postal address 5	Approximate age 6	Fatal/non-fatal 7
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(b) Animal

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

ANNEXURE I
OCCURRENCE REPORT

1. Date & Time of accident:

2. Place of accident:

3. Designation of the Officer-in-charge of the Generating Company or the Licensee in whose jurisdiction the accident occurred:

4. Nature & Details of the accident:

5. Details of Victim(s) (Loss of Life /Injury):

(a) Human

(b) Animal

6. Detailed causes leading to the accident: (Use a separate sheet and attach it to this form, if needed):

7. Details of the persons who witnessed the accident: (Name, designation, address etc.,):

8. Action Taken:

9. Any other information:

Signature
Name & Designation

Annexure II

Claim form for Payment of Compensation

1. Date & Time of accident:
2. Place of accident:
3. Details of the accident:
4. Details of the deceased or Injured person(s):
 - Name (s):
 - Age:
 - Sex:
 - Address:
 - Occupation:
5. Details of the dead or injured animal(s)
 - Description:
 - Age:
 - Value:
6. In case of non-fatal accidents, details of temporary/permanent/total/partial disabilities suffered, if any: (Enclose a certificate issued by the relevant Medical Board or any competent Authority)
7. Details of the dependents:
8. Whether or not an FIR is registered by the Police:

Signature of the claimant(s)

Name of the claimant(s)
Relationship with the deceased/injured/animal

Enclosures:

For Humans: -

1. Proof of identity of the claimant
2. A copy of the FIR
3. A copy of the post mortem report, if conducted
4. A copy of the inquest report/panchanama, if conducted
5. A copy of the Death certificate or wound certificate.

6. A copy of any photo of the deceased or injured person (after the accident), if available
7. Evidence of relationship with the deceased
8. Evidence of expenses of hospitalization and treatment.

For Animals: -

1. Proof of identity of the claimant
2. A copy of the FIR, if registered.
3. A copy of the post mortem report, if conducted
4. A copy of the inquest report/ panchanama, if conducted
5. A copy of the Death certificate, if issued
6. A copy of any photo of the deceased animal (after the accident), if available.
7. Evidence of ownership and value of the animal(s).

Sd/-
(Rajesh Dangi)
(Secretary)