

ANNEXURE XIII

*Form for Reporting Electrical Accidents.*

*(See rule 44 A)*

1. Date and time of accident
2. Place of accident, and district
3. System and 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 person  
(ii) Animal (please specify the name and address of the owner)  
Name of persons killed or injured  
(b) Address of such/each person
6. Occupation and designation of such persons/person
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 the 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 Government, District Magistrate 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 assigning the person/s killed or injured
15. What safety equipment were given to and used by the persons 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 sections for working on the same, if so, whether these were earthed
17. Whether the work on live lines were undertaken under the direct supervision of authorised person, if so, the name and designation of the person under whose supervision the work was being carried out
18. Whether artificial resuscitation treatment was given to the person who met with electrical accident if any, for how long was it continued before its 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

Dated

Signature

Time

Name

Designation/Occupation

Address of the person reporting

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(Sd.) .....

Commissioner and Secretary to Government,  
Power Development Department,  
Jammu and Kashmir.