

FORM A
FORM FOR REPORTING ELECTRICAL ACCIDENTS INVOLVING HUMAN BEINGS
[See Rule 3 under the Kerala Electricity (Intimation of Accidents) Rules, 2005]

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)

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 undertaken 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? :
20. Names and address of persons witnessed the accident. :
21. List of enclosures :
22. Any other information/remarks :

Place:
Time::
Date:

Signature:
Name:
Designation:
Address: