

**ELECTRICAL INSPECTORATE
GOVERNMENT OF SIKKIM**

FORM "A-1"

FORM FOR REPORTING ELECTRICAL ACCIDENTS.

1.Date and time to accident :

2.Place of accident :
(Village/Towm,Teshil/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	Name	Father's name	Sex of victim	Full postal address	Approximate age	Fatal/non-fatal
1	2	3	4	5	6	7

(b) Animal

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

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. :

(c) 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 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. 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.....