Form
See rule 3(1)
Intimation of Accident

1. Date and time of accident:
2. Place of accident (Village/ Town, Tehsil/ Thana and District):
3. Type of Accident: Fatal/Non-Fatal:
4. System and voltage of supply (Whether Extra High Voltage (EHV)/High Voltage(HV)/Medium Voltage(MV)/Low Voltage(LV), Line, substation/ generation station/ consumer's installation/ service lines/ other installations):
5. Designation of the officer-in-charge of the generating company/ licensee/in whose jurisdiction the accident occurred:
6. Name of owner/user of energy in whose premises the accident occurred.
7. Details of victim(s):

(A) Human:
(i) name
(ii) address
(iii) sex
(v) approximate age

(B) Animal:
(i) description of animal(s)
(ii) number(s)

8. In case the victim(s) is fare employee(s) of supplier/licensee:
   (a) designation of such person(s)
   (b) brief description of the job undertaken! if any
   (c) whether specific permit-to-work on lines was taken or not (Yes or No)
   (d) whether the permit-to-work was for Charged or non-charged lines? (Yes
9. Causes leading to the accident:

10. Whether the incident is reported to concerned Police Station? If yes, give name of concerned Police Station:

11. What safety equipment were given to or used by the person(s) who met with the accident? Please tick:

<table>
<thead>
<tr>
<th>Name of Safety Equipment</th>
<th>Provided to the person who met with Accident</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Rubber gloves</td>
<td></td>
</tr>
<tr>
<td>Mats</td>
<td></td>
</tr>
<tr>
<td>Safety belts</td>
<td></td>
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<tr>
<td>Ladders</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
</tr>
</tbody>
</table>

12. Names and designations of persons present at, and witnessed, the accident.
   a. .................................................
   b. .................................................
   c. .................................................
   d. .................................................

13. Any other information/remarks.

Place .................................. Signature ..................................
Time .................................. Name ..................................
Date .................................. Designation and Address of the Person reporting ..................................