

**JODHPUR VIDHYUT VITRAN NIGAM LIMITED**

No. JdVYNLAMD\Secy.(Admn.)\Ju\S.Estt.\F. OO. 586\D. 1399 Dated 25/3/09

**ORDER**

The Co-ordination Committee in its 124<sup>th</sup> meeting held on 11.02.2009 considered the issue regarding conducting enquiries in fatal/ non fatal accident cases of workmen publicmen and accorded its approval for issuing following instructions for timely reporting of accidents and conducting enquiries in accident cases for strict compliance by all the concerned:-

1. As soon as an electrical accident of a workman (including those engaged through contractor) a publicman or animal takes place, the Assistant Engineer concerned shall send an intimation through fax within 24 hours regarding occurrence of accident to the following officers in the format at Annexure-A:-
  - i. Secretary (Admn.).
  - ii. Chief Engineer concerned.
  - iii. Superintending Engineer concerned.
  - iv. Executive Engineer concerned.
  - v. Personnel Officer concerned.
  - vi. Executive Engineer (MIS).
  - vii. Chief Electrical Inspector Electrical Inspector of Govt.
  - viii. Police and District Administration Authorities.

This intimation will be followed by report in prescribed form (Annexure-B) within 2 days to the concerned. If the workman concerned was a member of ESI Scheme, an intimation to the local authority of ESI will also be sent in the prescribed form. If the workman was not a member of ESI, intimation regarding fatal accident be sent to the Workmens' Compensation Commissioner in prescribed form.

2. In case of minor accident of workman, (including contract labour)/ publicman and fatal accident of animal, the Executive Engineer concerned shall start his investigation within 24 hours on receipt of intimation from Assistant Engineer concerned and send a report, containing his findings to the Superintending Engineer concerned within three days.
3. In case of major fatal accident of a workman (including contractor labour) or publicman or animal, the Superintending Engineer concerned shall within 24 hours after receipt of intimation of accident depute an Executive Engineer of other Division, Dy. Superintendent of Police (Vig.) and Circle Personnel Officer to conduct detailed enquiry.
4. The officers so deputed shall visit the site of accident immediately and record statements of witness(es) concerned employee(s) and take a custody and record of shut down break down, duty chart of employee(s), copy of postmortem report and FIR etc. They shall send their report to the Circle Superintending Engineer immediately after conducting enquiry, but not

later than seven days in any case, clearly indicating the reason of accident and person(s) responsible for the same alongwith site map of accident, statement(s) of witness(es) concerned employee(s), copy of postmortem and FIR alongwith comments, suggesting remedial measures to prevent such accidents. The Circle Personnel Officer will act as co-ordinator and ensure finalization of enquiry in prescribed time period.

5. The Superintending Engineer concerned immediately after receipt of enquiry report as per para (2) and (4) above take action for sanction of compensation/ exgratia as per rule. Besides, he shall initiate disciplinary action against the person(s) found guilty in enquiry for leading the accident, where he is competent authority and in other cases send the case to the competent disciplinary authority. The Superintending Engineer will also send fortnightly progress report to the concerned Chief Engineer regarding conducting of enquiries.
6. The Chief Engineer concerned shall monitor the progress of enquiries and furnish a report to the Chairman & Managing Director Managing Director fortnightly containing there in proposals for initiating disciplinary action against the defaulting officers who failed to conduct enquiry within stipulated time period without justified reasons.
7. The concerned officer(s) shall maintain registers regarding details of accidents in the prescribed formats (specimen enclosed).

Encl:- As above.

By order

2/22  
25/03/09  
Secretary (Admn.)  
JdVVNL, Jodhpur.

Copy to the following for information and necessary action:

1. The Director (Finance\Technical), JdVVNL, Jodhpur.
2. The Zonal/ Chief Engineer (C&PVO&MBZ), JdVVNL, Jodhpur\Bikaner.
3. The Chief Accounts Officer, JdVVNL, Jodhpur.
4. The Superintending ( ), JdVVNL.
5. The Company Secretary, JdVVNL, Jodhpur.
6. The Dy. Director Personnel (HQ\JZ\BZ), JdVVNL, Jodhpur\Bikaner.
7. The Addl Superintendent of Police (Vig.), JdVVNL, Jodhpur.
8. The Personnel Officer ( ), JdVVNL.
9. The Executive Engineer ( ), JdVVNL.
10. The Assistant Engineer ( ), JdVVNL.

25/03/09  
Personnel Officer (Estt.)  
JdVVNL, Jodhpur.

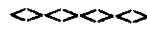
**ANNEXURE-A**

**JODHPUR VIDYUT VITRAN NIGAM LIMITED**  
**OFFICE OF THE ASSISTANT ENGINEER ( \_\_\_\_\_ ), JdVVNL.**

No. JdVVNL/AEN/ \_\_\_\_\_ /F. \_\_\_\_\_ D. \_\_\_\_\_ Dated \_\_\_\_\_

The \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Sub:- Intimation of accident.**



1.	Date and time of accident	
2.	Place of accident (Village/ Town/ Tehsil/ Thana/ District)	
3.	Nature (Fatal/ non fatal)	
4.	Kind of accident (Electrical/ other)	
5.	If human being: i. Name(s) of victim ii. Age iii. Whether deptt. Employee/ Contractor's workman/ Publicman iv. Designation (in case of Deptt. Employee) v. Full address (in case of Publicman)	
6.	If animal: i. (description thereof) ii. Name & address of owner	
7.	Reasons of accident (in brief)	

**Signature & seal of  
Assistant Engineer or  
any Authorized person**

ANNEXURE-BForm for reporting electrical accident.

1. Date and time of accident
2. Place of accident.  
(Village Town/Tehsil  
Thana, Distt. & 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 installation.
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

Sr.No.	Name	Father's name	Sex of victim	Full address	postal	Approximate age	Fatal/Non fatal

(b) Animal

Sr. No.	Description of animal(s)	Number(s)	Name(s) of Owner(s)	Address of owner(s)	Fatal-Non fatal

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, given 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 Distt. Magistrate and Police Station concerned have been informed of the accident (if so, given 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 authorized 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

**FORMAT-4.1**

Register to be maintained at the level of Superintending Engineer regarding accidents of employees (including those engaged on muster roll or on contract)

Sr. No.	Name, Father's Name & Desig. of victim	Date of accident alongwith nature (Fatal/Non-Fatal)	Name of Sub-Division	Whether covered under ESI	Dt. of receipt of information from Aen	Name of enquiry officer alongwith No & Date of appt. order	Dt. Of receipt of report from Enquiry officer	Reasons of Accident	Name & Desig. of defaulter, if any	Action taken against defaulters	Details of compensation Order No. Amt. & Date	Dt. of depositing compensati on with WCC alongwith cheque/DD	Remarks		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**FORMAT-4.2**

Register to be maintained at the level of Superintending Engineer regarding accidents of contractor's workmen)

Sr. No.	Name & Father's Name of victim	Age and wages	Date of accident alongwith nature (Fatal/Non-Fatal)	Name of Sub-Division	Name and address of contractor	Whether covered under ESI	Dt. of receipt of information from AEN	Name of enquiry officer alongwith No & Date of appt. order	Dt. of receipt of report from Enquiry Officer	Reason of accident	Name & Desig. of defaulter, if any	Details of action taken against defaulters	Details of compensation Order No. & Date	Amt	Dt. of depositing compensation with WCC alongwith cheque/DD No	Remarks	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

**FORMAT-4.3**

Register to be maintained at the level of Superintending Engineer regarding accidents of publiciten

Sr. No.	Name and Father's Name of victim	Address	Date and time of accident alongwith nature (Fatal/Non-Fatal)	Name of Sub-Division	Dt. of receipt of intimatin from Aen	Name of enquiry officer alongwith No & Date of appt. order	Date of receipt of report from Enquiry Officer	Reasons of Accident	Name & Desig. of defaulter, if any	Action taken against defaulters	Details of exgratia/compensation	Remarks			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**FORMAT-4.4**

Register to be maintained at the level of Superintending Engineer regarding accidents of

Sr. No.	Description, Name and address of Fowner	Date and time of accident alongwith nature (Fatal/Non-Fatal)	Name of Sub-Division	Dt. of receipt of information from AEN	Name of enquiry officer alongwith No & Date of appt. order	Date of receipt of report from Enquiry Officer	Reason of accident	Name & Desig. of defaulter, if any	Action taken against defaulters	Details of exgratia/compensation	Remarks				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**FORMAT-2**  
Register to be maintained at the level of Xen concerned regarding accidents

Details of Accident												
Sr. No.	Date and time of receipt of intimation	Date and time of receipt of accident report in prescribed form	Name of Sub Division	Human/Animal	If human being whether Emp./Contractor/workman/publicman	Date and time	Fatal/non fatal	Name and father's name of victim/owner	No. & date of sending enquiry report to SE	Reasons of accident	Name of Defaulter if any	Remarks.
1	2	3	4	5	6	7	8	9	10	11	12	13

**FORMAT-3**  
Register to be maintained at the level of Enquiry Officer (Executive Engineer of other division) regarding accidents

Details of victims															
Sr. No.	No. & Dt. Of appointment as Enq. Officer	Date and time of Accident	Nature of accident (fatal/non fatal)	Human			Animal			Name and Address of owner	No. and Dt. of sending enquiry report to SE	Reason of accident	Name of deaulter, if any	Remedial measures suggested for preventing accidents (in brief)	Remarks
				Name of father's name	Whether Deptt. Employee/contractor/workman/publicman	Design/dress	Description	Name and Address of owner							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

**FORMAT-5**  
Register to be maintained at the level of CE concerned regarding accidents of employees/publicmen/animals

Details of victims															
Sr. No.	Name, father's name & Design.	Human			Animal			Name of Sub Division	Name of Enq. Officer alongwith apprt. Order & dt.	No. & Dt. Of sending Enquiry report by EO to SE	Order No. & dt.	Details of compensation for accident	Action taken against defaulters	Remarks	
		Whether Deptt. Employee/contractor/workman/publicman	Address	Date and nature of accident (fatal/non fatal)	Name of owner	Description	Name and Address of owner								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16



