

# **The Intimation Of Accidents (Form And Time Of Service Of Notice) Rules, 2005**

UNION OF INDIA

India

## **The Intimation Of Accidents (Form And Time Of Service Of Notice) Rules, 2005**

### **Rule**

### **THE-INTIMATION-OF-ACCIDENTS-FORM-AND-TIME-OF-SERVICE-OF- of 2005**

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### **8.**

/456In exercise of the powers conferred by clause (w) of sub-section (2) of section 176 of the Electricity Act, 2003 (36 of 2003), the Central Government hereby makes the following rules regarding the form and time of service of notices of electrical accidents, namely:-

#### **1. Short title and commencement .-(1) These rules may be called The Intimation of Accidents (Form and Time of Service of Notice) Rules, 2005.**

(2)They shall come into force on the date of their publication in the Official Gazette.

#### **2. Definitions .-(1) In these rules unless the context otherwise requires,-**

(a)"Act" means the Electricity Act, 2003;(b)"Inspector" means the Chief Electrical Inspector or the Electrical Inspector appointed under sub-section (1) of section 162 of the Act.(2)Words and expression used and not defined in these rules but defined in the Electricity Act, 2003 (36 of 2003), shall have the meanings respectively assigned to them in that Act.

**3. Intimation of accidents .-(1) If any accident occurs in connection with the generation, transmission, supply or use of electricity in or in connection with, any part of the electric lines or other works of any person and the accident results in or is likely to have resulted in loss of human or animal life or in any injury to a human being or an animal, such person or any authorized person of the generating company or licensee, not below the rank of a Junior Engineer or equivalent shall send to the Inspector a telegraphic report within 24 hours of the knowledge of the occurrence of the fatal accident and a report in writing in Form A within 48 hours of the knowledge of occurrence of fatal and all other accidents. Where possible a telephonic message should also be given to the Inspector immediately, if the accident comes to the knowledge of the authorized officer of the generating company/licensee or other person concerned.**

(2)For the intimation of the accident, telephone numbers, fax numbers and addresses of Chief Electrical Inspector or Electrical Inspectors, District Magistrate, police station, Fire Brigade and nearest hospital shall be displayed at the conspicuous place in the generating station, sub-station, enclosed sub-station/switching station and maintained in the Office of the in-charge/owner of the Medium Voltage (MV)/High Voltage (HV)/Extra High Voltage (EHV) installations.FORM AForm For Reporting Electrical Accidents

**1. Date and time of accident.**

**2. Place of accident.**

(Village/Town, Tehsil/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.1	Name2	Father's Name3	Sex of victim4	Full Postal address5	Approximate age6	Fatal/non-fatal7
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(b)Animal

Sl. No.1	Description of animal(s)2	Number(s)3	Name(s) of owner(s)4	Address(es) of owner(s)5	Fatal/non-fatal6
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**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.**

(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 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 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 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:SignatureNameDesignationAddress of the person reporting.