

NOTIFICATION OF ELECTRICAL ACCIDENT

REQUIREMENT OF SECTION 14 (1) OF THE ELECTRICITY ORDINANCE
(CHAPTER 50), ACCIDENTS MUST BE NOTIFIED WITHIN 24 HOURS.

Notification phone No.	: (082) 258258
Notification fax No.	: (082) 259843

1. PARTICULARS OF OWNER/MANAGEMENT/LICENSEE

Company Name:	
Address:	
Fax No.:	Tel. No.:

2. PLACE AND TIME OF ACCIDENT

Place of Accident:	
Date of Accident:	Time of Accident.: AM/PM*

3. INJURIES TO PEOPLE

FATAL	NON-FATAL
No. of Victim(s) :	No. of Victim(s):

4. EQUIPMENT INVOLVED

Type of Equipment involved:
Any Damage to Equipment: Yes / No*
Highest Voltage Level involved : volts

5. NOTIFIER

Name:
Address:
Tel. No.:

NOTE:

A preliminary report of the accident, to be completed in form EIU/REPT_ACC/1.0, must be submitted **WITHIN SEVEN WORKING DAYS** of the accident to the address indicated at the bottom of this page.

FOR OFFICE USE ONLY

Date received:	Accident Reference No.:
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