

PRELIMINARY REPORT OF ELECTRICAL ACCIDENT

REQUIREMENT OF SECTION 14 (1) OF THE ELECTRICITY ORDINANCE (CHAPTER 50)
THIS FORM MUST BE SUBMITTED WITHIN SEVEN WORKING DAYS OF THE ACCIDENT

FOR OFFICE USE ONLY Accident Reference No.:	Date Received:	Notification phone No. : (082) 258258 Notification fax No. : (082) 259843
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PERSON REPORTING

Name of Person reporting:		Position in Company:	
Company Name:	Company Address:		Fax. No.:
			Tel. No.:

PLACE AND TIME OF ACCIDENT

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

DESCRIPTION OF ACCIDENT(attach full details of accident including sketches/photographs)

POSSIBLE CAUSE(S) OF ACCIDENT

DETAILS OF VICTIM(S) AND INJURY

Name:			
IC No.:			
Date of Birth:			
Occupation:			
Employer:			
Gender:	Male/Female*	Male/Female*	Male/Female*
Home Address:			
Contact No.:			
Resuscitation method, if applied			
Injury Type:	Fatal/Non-Fatal*	Fatal/Non-Fatal*	Fatal/Non-Fatal*
Description of Injury:			
Next-of-kin Name and Contact No.:			

EQUIPMENT INVOLVED AND DAMAGE(S)

Type of Equipment Involved:	Highest Voltage level involved: kV
Describe any damage(s) or loss(es) to equipment:	
Type of Electrical Protection Involved:	Did protection operate correctly? YES/NO*
If 'NO', state reason(s) it did not operate:	

Note:

* Delete where not applicable.

If insufficient space for any portion of the form, attach separate sheet(s).

Signature of person reporting: _____

Date: _____