

MADHYA PRADESH INTIMATION OF ELECTRICAL ACCIDENTS (FORM AND SERVICES OF NOTICE) RULES, 2016

852 1. 2. 13-20/2015 tãRV : 180 (2) (sy 161 (2) mar (1) (2) F) (a) (71) t, 2003 36 2003); t, Rt:r ; t, 162 3'q (1) 37 t (71)] 3. 4. 24 2016 *r .3Na•r t nar zw a-fi t, qr t, g•azar gr 24 *rar aur 48 8-fiar. • avi 3&Rr 3-1N æa•r, qr qr m.zrH. (Q3T t) zrr (Qir tr) (\$ t) 3•B.t7 853 (2) 854 1. 2. 3. 4. 5. 6. 2016 (650 g'RTër (qFß/q@..... (1) (2) (3) (3) (4) (4) (5) (6) 2016 CT) Trzi 9. 0.8. eq.)tr ? 10. F) (-en-ztr zn 11. 12. -a 13. ? 14.#71. 15. gg 16.\$1 17. Ng 18. ? 855 856 24 2016 20. I 21. I No. F 13-20/2015/•Thirteen : In exercise of the powerS conferred by cläuse (m) of sub-secGon (2).of section 180 read with section 161 of the Act, 2003 (36 of 2003), the State Government,. hereby, makes the follöwing rules, namely:- **RULES** Short title and commencement:- (1) These rules may be called the Madhya Pradesh Intimation of Elecb•ical Accidents (Form and Sewices of Notice) Rules, 2016. (2) They shall come into •force from the date of their publication in the Madhya Pradësh Gazette

2. Definitions:- (1) In these rules, unless the context otherwise requires,- (a) "Act" means the **Elect-ricity Act, 2003 (No.36 of 2003)**; (b) "Form" means form appended to these rules; (c) "Inspector". means the Chief Electrical Inspector .or the Electrical Inspector(Including Assistant/ Junior Assistant Electrical Inspector) appointed under sub-section (1) of section 162 of the Act. (2) Words and expression used. but not defined in these rules shall have the same meaning as assigned to them in the Act

3. Intimation of accidents:- (1) If any accident occurs in cönection with the generation, transmission, supply or use -of electricity -or in connection with, any part of •the electric lines or other works of any person and the accidents 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 24 2016 Junior Engineer or equivalent shall intimate to the Inspector through telephone/ fax within 24, hours of the knowledge .of the occurrence of the fatal accident and send a report in writing in the Form appended to these rules within 48 hours of the knowledge of occurrence of fatal and all other accidents. Where possible a telephonic •message or e-mail' should also be sent to the inspector.immediately, as soon as 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 and fax numbers of Chief Electrical Inspector, Electrical. Inspector, District Collector, Police Station, Fire Brigade and nearest hospital shall be displayed at the conspicuous place in the generating station, switching sub-station or station or sub-station and maintained in • the .office of the in- charge/ owner of the Medium Voliage (MV) or High Voltage '(HV) or Extra High Voltage (EHV) installations: Provided that the telephone. numbers, alternative numbers, fax numbers and e-mail address on which information of the accidents is required to be sent, shall •be displayed. on the website of the office of the Chief Electrical Inspector

4. Punishment for non-compliance of rule:- In case of contravention of these •rules, an application shall be filed against the person Contravening the rules by the Inspector under Section 146 of the Act before the competent Court.857 858 24 2016 FORM [See Rule 3 FORM FOR REPORTING ELECTRICAL ACCIDENTS 1. Date and time of accident 2. Place of accident... (Village/ Town, Tehsil/ Thana, District)

3. System and voltage of supply [More than 650 volts/650 volts/250 vole Line, Sub-sta tion/ generation station/ service lines/ consumer's installations/ 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) (Human / Animal).(A) Human Sl. No. Name • Father's Male/ Full Name Female / postal Trans ender . address Approximate Age Fatal/ non- fatal 1 Sl. No. 1 2 3 4 5 (B) Animal Number (s) . Name (s) Description of animal (s) 2 3 of owner 4 6 Address (es) of owner s 5 Fatal / non-fatal 6 7. In case thé victim (s) is/ are employee (s) of supplier - (a) designatori of such person (s); (b) brief description of the job (s) undertaken, in any; 4 (11) 24 2016 859 (c) • whether such person/ persons was/ were allowed to work on the job ? 8. In case the victim(s) is/ are employees of a licensed confractor,- (a)' did the victim (s) possess any electric workmen's permit (s), supervisor's certificate of tompetency? If yes, name of

issuing officer and its number and date. (b) name and designation of person who assigned the duties to the victim(S). 9. In case of accident in the system of the supplier, whether the permit to work (PTW) was taken? 10. (a). Description, nature and extent of injuries e.g. fatal/disablement (permanent or temporary) or burns or other injuries of any portion of the body. (b) Whether the postmortem done in case of death in Fatal accidents

11. Detailed cause 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 the extent possible

15. Name and designation(s) of the person(s) assisting, supervising the person(s) died 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.)? 860 Time.... .. Date.... .. 24 2016 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 abandonment? 20. Names and designations of persons present at, and witnessed, the accident

21. Any other information/ remarks. Signature.... .. Name.... Designation.... Name of the person submitting the report