



EE3102 Safe working practices

Assignment

24,25

B

Student name

EE3102 electrical accident analysis assignment



Name

Firstly summarise slide 114 from your student handout regarding your obligations to report an electrical accident under regulation 112.

Using the booklet provided “ **summary of reported electrical and gas accidents** ”, choose and study an electrical accident.

Answer the questions below for that accident prior to class discussion and fill in an actual accident form overleaf as if you were the electrical worker involved.

Accident number

Some assumptions may need to be made if you think there is not enough information in the report to answer fully.

1. Write any assumptions below.

2. What was the direct cause of the accident?

3. Who was at fault?

4. What could have been done to avoid the accident?



ELECTRICAL ACCIDENT NOTIFICATION REPORT

FOR THE PURPOSE OF SECTION 16 OF THE ELECTRICITY ACT 1992 ACCIDENTS MUST BE NOTIFIED IMMEDIATELY.
THIS FORM MUST BE FORWARDED TO ENERGY SAFETY, PO BOX 1473, WELLINGTON WITHIN TWO WEEKS OF THE INITIAL NOTIFICATION.
SEE ADDRESS AT THE BOTTOM OF THE PAGE.

DETAILS OF VICTIM

Notification Phone Number: **0800 10 44 77**

Name of Victim		Gender
Address		
Age	Occupation	Company

PLACE AND TIME OF ACCIDENT

Place of Accident	
Date of Accident	Time of Accident

CAUSES

Description of accident (attach full details of accident including sketches/photographs)

Possible cause(s) of accident

INJURIES

Fatal <input type="radio"/>	Nonfatal <input type="radio"/>	Type of injuries		
Medical Treatment? Yes <input type="radio"/>	No <input type="radio"/>	Was resuscitation applied? Yes <input type="radio"/>	No <input type="radio"/>	Method of resuscitation

DAMAGE

Describe any damage or loss incurred by the accident

Name(s) of any witness, investigator or other person who could provide information

Address and contact number

EQUIPMENT INVOLVED

Type of equipment involved	Voltage
Condition of equipment involved	Date Installed
Type of electrical protection involved	
Did it operate correctly? Yes <input type="radio"/>	No <input type="radio"/>
If "No", state reason it did not operate	

NOTIFIER

Name of person reporting accident				
Owner <input type="checkbox"/>	Occupier <input type="checkbox"/>	Reg. Person <input type="checkbox"/>	Employer <input type="checkbox"/>	Other <input type="checkbox"/>
Company				
Address				
Telephone	Facsimile	Date		

Energy Safety

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