

**NEW HAMPSHIRE DEPARTMENT OF ENERGY
UTILITY ACCIDENT REPORT
FORM E-5**

Report No. _____

Date _____ 20 _____

Name and Address of Utility: _____

Date of Accident: _____

Time of Discovery: _____

Location of Accident: _____

Person Injured: Name: _____ Age: _____

Residence: _____

Employer: _____

Was person injured an employee, under contract with utility, invitee, licensee, trespasser or other? _____

State nature and extent of injury, current condition, and probable duration of disability: _____

Anticipated return to work date (if applicable): _____

Description of cause and manner of accident: _____

In case of death, state the following: Date of death: _____ Previous Accident Report # : (if applicable) _____

Violation: Yes ___ No ___ Statute if applicable: Federal _____ State _____

Recommendation for and steps taken to guard against repetition of accident: _____

Supervisor's Name / Title: _____

(please print)

Supervisor's Signature: _____ **Date Submitted:** _____

Accidents resulting in slight injuries which do not incapacitate the persons injured from active work for more than six days in the aggregate during the ten days immediately following injury need not be reported.

This report should be filed within 10 (ten) working days of the accident.

If death results after this report is filed, that fact must be stated in subsequent report.