

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

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.