

FORM - K
[See rule 14]
REPORT OF ACCIDENTS

To
The Inspector of Lifts, Escalators and passenger conveyors.
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Under sub-section (1) of section 11 of the Karnataka Lift, Escalator and Passenger conveyer Act, 2012 (Karnataka Act No. 9 of 2013), I / We hereby inform you that an accident has occurred in the Operation of Lift/Escalator/Passenger conveyer at the premises owned by me / us at on, the details of which are appended below.

| | | |
|---|---|--|
| 1 | Date and time of accident: | |
| 2 | Place of accident | |
| 3 | Name of owner | |
| 4 | Details of victim | |
| | (a) Name | |
| | (b) Father's name | |
| | (c) Sex of victim | |
| | (d) Full postal address | |
| | (e) Age | |
| | (f) Fatal/Non fatal | |
| 5 | In case the victim is an employee of the person registered under section 6 of the Act | |
| | (1) Designation of such person | |
| | (2) Brief description of the job undertaken if any | |
| | (3) Whether such person was allowed to work on the job | |
| 6 | Type of the Lift/Escalator/Passenger Conveyer (passenger/goods/hospital/ service) and License number | |
| 7 | Name, address and registration number of the registered person by whom the lift/escalator/passenger conveyer is erected or maintained | |
| 8 | (i) Describe fully the nature and extent of injuries e.g fatal/disablement (permanent or temporary) of any portion of the body or other injuries | |
| | (ii) In case of fatal accident, was the postmortem performed? (Enclose a copy) | |
| 9 | Detailed causes leading to the accident (detailed report of the Registered person shall also be enclosed) | |

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| 10 | Action taken regarding first-aid, medical attendance etc., immediately after the occurrence of the accident (give details) | |
| 11 | Whether the District Magistrate and police station concerned have been notified of the accident (if, so give details) | |
| 12 | Steps taken to preserve the evidence in connection with the accident to the extent possible | |
| 13 | Name and designation (s) of person (s) assisting, supervising the person (s) injured or met with fatal accident. | |
| 14 | Name and designation of the persons present at and witnessed the accident | |
| 15 | Any other information/remarks | |

I /We have discontinued the working of the Lift/Escalator/Passenger conveyer, pending permission to resume the working.

Place:

Signature of the owner or his agent:

Name:

Designation:

Address of person reporting with contact number:

Date :

Copy to the Chief Inspector of Lifts, Escalators and Passenger conveyors