PENNSYLVANIA PUBLIC UTILITY COMMISSION
ACCIDENT REPORT FORM TO GAS SAFETY DIVISION
BUREAU OF INVESTIGATION AND ENFORCEMENT

EMAIL TO: RA-PC-PUC-UCTA8-GAS@pa.gov

Name of Natural Gas Distribution Company:

_____________________________________________________________________________

Date of Accident ___________________________       Date of Report ___________________________

Location Where Accident Occurred_______________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

F A T A L I T Y / OCCURRENCE OF AN UNUSUAL NATURE
(These events require immediate telephone notification to the PUC’s emergency cell phones @ 717-554-5498; 717-554-2286; 717-554-3666

______________________________________________________________________________

(Name)    (Age)   (Residence)   (Employee., Trespasser, Other, Patron or Consumer)

____________________________________________________________________________________

____________________________________________________________________________________

I N J U R E D

______________________________________________________________________________

(Name)    (Age)   (Residence)   (Employee, Trespasser, Other, Patron or Consumer)

____________________________________________________________________________________

____________________________________________________________________________________

CAUSES OF AND CIRCUMSTANCES ATTENDING ACCIDENT

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

(SIGNED) _____________________________    ____________________

(Name)                                               ( Title of Reporting Officer)

(Telephone Number)_________________________________________________________

NOTE: Classify fatalities or injured persons as EMPLOYEE, TRESPASSER, OTHER, PATRON or CONSUMER. (Attach additional 8½ x 11 paper if needed.)

Revised 4/24/14