

OIL AND GAS REGULATORY AUTHORITY

LPG ACCIDENT REPORT PROFORMA

NOTE:

Reports for all accidents must be forwarded to OGRA within **48 hours** of occurrence of an accident. Detailed report of accident along with measures taken to avoid any such recurrence must be forwarded **within 2 weeks** of occurrence of an accident.

Fax No. _____ LPG Department: _____ 051-9244351

Licensee Name:-----

Date and Time of Accident:-----

Address / Location of Accident:-----

NATURE OF ACCIDENT

☐ Explosion

☐ Fire

☐ Collision / Road Accident

☐ Cylinder Blast

☐ Any other:-----

ACCIDENT OCCURRED AT:

☐ LPG Production Field

☐ LPG Storage & Filling Plant

☐ Refinery

☐ LPG Distributer's Premises

☐ During LPG Transportation

☐ LPG Auto Re-fuelling Station (Stand Alone)

☐ LPG Air Mix Plant

☐ LPG Auto Re-fuelling Station (Co-located with CNG)

☐ LPG Storage Terminal

☐ Any other (Please describe):-----

DETAILS OF LOSSES:

Number of Casualties:-----

Number of Injuries:-----

Property / Equipment Loss:-----

Brief description of accident:-----

Immediate remedial measures:-----

Causes / factors of accident: -----

Whether the accident occurred due to unsafe act or unsafe condition: -----

Insurance Coverage Details: -----

Name of Chief Executive / authorized officer of the company:-----

Signature with official stamp of the Chief Executive / authorized officer of the Company:-----

Date and Time:-----
