

FORM - I

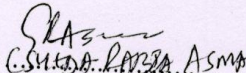
[(See rule 4(o), 5(i) and 15 (2))

ACCIDENT REPORTING

1. Date and time of accident: NA
2. Type of Accident: Nil
3. Sequence of events leading to accident: NA
4. Has the Authority been informed immediately: NA
5. The type of waste involved in accident: NA
6. Assessment of the effects of the accidents on human health and the environment: NA
7. Emergency measures taken: NA
8. Steps taken to alleviate the effects of accidents: NA
9. Steps taken to prevent the recurrence of such an accident: NA
10. Does your facility has an Emergency Control policy? If yes give details: Yes. Emergency team & Emergency Numbers displayed all across hospital & various protocols in place.

Date: 10.06.19

Place: Bangalore

Signature  (S. S. A. Partha Asma)

Designation: Environmental Engineer