

FORM – 1

[9See 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 you facility has an Emergency control policy? If yes give details: Yes. Emergency Team & Emergency Numbers displayed all across hospitals & various protocols in place.

Date:01-12-2024

Place: Mysore

Signature

Designation: Environmental Engineer