

FORM - I
[See rule 4(o), 5(i) and 15(2)]

ACCIDENT REPORTING

- 1. Date and time of accident : —
- 2. Type of Accident : NIL
- 3. Sequence of events leading to accident : — NA
- 4. Has the Authority of 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 : —

10. Does you facility has Emergency Control policy?
If yes, give details :

YES WE HAVE Organization
SOP FOR ACCIDENT MANAGEMENT

Date : 19/6/2021

Signature : [Signature]

Place : MANIPAL HOSPITAL SALEM

Designation : JCN

