



FORM – I

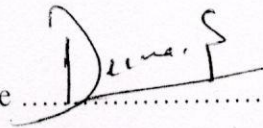
[(See rule 4(o), 5(i) and 15 (2))]

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 have an Emergency Control policy? If yes give details: Yes. Emergency team & Emergency Numbers have been displayed all across hospital & various protocols are in place.

Date: 26/04/2023

Place: Bangalore

Signature 

Designation: Environmental Engineer