

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

ACCIDENT REPORTING

1. Date and time of accident : NIL
2. Type of Accident : NIL
3. Sequence of events leading to accident : NIL
4. Has the Authority of been informed immediately: NIL
5. The type of waste involved in accident : NIL
6. Assessment of the effects of the accidents on human health and the environment : NIL
7. Emergency measures taken : NIL
8. Steps taken to alleviate the effects of accidents : NIL
9. Steps taken to prevent the recurrence of such an accident : NIL
10. Does you facility has Emergency Control policy? If yes, give details : NIL

Date : 3.5.2022

Place : Salem THS

Signature : Sajeev.4

Designation : Infection control
NURSE

