

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

ACCIDENT REPORTING FOR THE MONTH OF NOVEMBER
- 2020

1. Date and time of accident : -
2. Type of Accident : NIL
3. Sequence of events leading to accident : -
4. Has the Authority of been informed immediately: -
5. The type of waste involved in accident : -
6. Assessment of the effects of the accidents on human health and the environment : -
7. Emergency measures taken : -
8. Steps taken to alleviate the effects of accidents : -
9. Steps taken to prevent the recurrence of such an accident : -

10. Does your facility have Emergency Control policy? YES WE HAVE Organization
If yes, give details : SOP FOR ACCIDENT MANAGEMENT.

Date : 30.11.2020

Place : MANIPAL HOSPITAL SALEM



Signature : Sajeesh C. V

Designation : Infection control nurse.

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30/11/2020