

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

1. Date and time of accident :
2. Type of Accident :
3. Sequence of events leading to accident :
4. Has the Authority 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 an Emergency Control policy? If yes give details:

} N.A

Date :
Place:

For **A.G. PADMAVATI'S HOSPITAL LTD.**
Signature 
Designation
Chairman and Managing Director.

