

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: _____

Date:
Place:

Signature
Designation