

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