

**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 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 you facility has Emergency Control policy?  
If yes, give details :

Date :.....

Signature :.....

Place :.....

Designation :.....