

Dated 16<sup>th</sup> Apr 2024

The Environmental Engineer (B.M.W cell)  
Delhi Pollution Control Committee  
Department of Environment (Govt. of NCR Delhi)  
4<sup>th</sup> Floor ISBT Building Kashmiri Gate, Delhi-110006

*16/04/2024*  
(ENQUIRY COUNTER)  
DELHI POLLUTION CONTROL COMMITTEE  
DEPARTMENT OF ENVIRONMENT  
GOVT. OF NCT OF DELHI  
4<sup>TH</sup> FLOOR, ISBT BUILDING,  
KASHMERE GATE, DELHI-110006

**Subject- Submission of Forum IV (Annual return for the year of 2023)**

Dear Sir,

This is in reference to the above mentioned subject, we wish to bring to your kind notice  
About the Bio-Medical Waste during procedures handling and transportation.

Please find the enclosed **FORM IV**.

This is for your information and records.

Thanks & Regards

*Garima Prasad*

(Ms. Garima Prasad)

Facility Director- Fortis La Femme

*Shilpa Kapoor*

(Ms. Shilpa Kapoor)

Unit patient Experience Head



Sr No	Date	Yellow Waste		Red Waste		White Waste		Blue Waste		Total	
		Nos	Kg	Nos	Kg	Nos	Kg	Nos	Kg	Nos	Kg
1	Jan-23	117	931.180	85	580.570	35	035.610	13	054.610	250	1601.970
2	Feb-23	132	925.470	91	521.860	34	035.300	16	061.960	273	1544.590
3	Mar-23	150	1010.040	110	510.220	34	020.350	14	054.140	324	1613.650
4	Apr-23	137	987.070	101	459.890	42	032.560	17	058.160	297	1547.680
5	May-23	150	1029.220	109	560.370	37	028.540	18	071.010	314	1689.140
6	Jun-23	145	982.296	118	530.209	40	025.385	20	076.740	323	1614.630
7	Jul-23	150	1069.350	106	529.912	35	024.650	15	074.070	306	1697.982
8	Aug-23	142	1103.450	107	581.582	34	027.010	15	063.200	298	1775.242
9	Sep-23	139	1040.900	109	510.744	33	024.305	19	053.080	300	1629.029
10	Oct-23	144	979.600	107	510.090	33	021.350	22	072.440	306	1583.480
11	Nov-23	143	966.070	104	481.401	34	020.960	21	064.828	302	1533.259
12	Dec-23	139	971.940	101	480.967	37	021.700	16	067.670	293	1542.277

*Gaurav Prasad*

*Shubh*

*Amitabh R*

**Form - IV (See rule 13)**  
**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	Fortis Hospital Limited
	(i) Name of the authorized person (occupier or operator of facility)	:	Ms. Garima Prasad
	(ii) Name of HCF or CBMWTF	:	Fortis La Femme
	(iii) Address for Correspondence	:	S-549, Greater Kailash -2, New Delhi-110048
	(iv) Address of Facility	:	S-549, Greater Kailash -2, New Delhi-110048
	(v) Tel. No, Fax. No	:	Tel- 01140579400, Fax- 011-41436103
	(vi) E-mail ID	:	Contactus.flf@fortislafemme.in
	(vii) URL of Website	:	<a href="http://www.fortislafemme.in/delhi/">http://www.fortislafemme.in/delhi/</a>
	(viii) GPS coordinates of HCF or CBMWTF	:	28.529-018,77.243843
	(ix) Ownership of HCF or CBMWTF	:	Private Limited
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: DPCC/(11)(5)(01)/2023/BMW/NST/AUTH/37705778H valid up to 04/09/2027
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: NA
2.	Type of Health Care Facility	:	Single Specialty
	(i) Bedded Hospital	:	No. of Beds: 41
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	DHS/NH/710, Expiry-31 <sup>ST</sup> Mar 2026
3.	Details of CBMWTF	:	Biotic Waste Solutions Pvt. Ltd.
	(i) Number healthcare facilities covered by CBMWTF	:	To be submitted directly by waste management company
	(ii) No of beds covered by CBMWTF	:	To be submitted directly by waste management company
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	To be submitted directly by waste management company
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	To be submitted directly by waste management company
4.	Quantity of waste generated or disposed in Kg per	:	Yellow Category: 1000.kg monthly basis 12005 kg annual collection

annum (on monthly average basis)	<table border="1"> <tr> <td>Red Category: 522 kg monthly basis 6274 kg annual collection</td> </tr> <tr> <td>White: 27 kg monthly basis 323 kg annual collection</td> </tr> <tr> <td>Blue Category : 64 kg monthly basis 771 kg annual collection</td> </tr> <tr> <td>General Solid waste: 1160kg monthly basis from the annual collection of 1401kg</td> </tr> </table>	Red Category: 522 kg monthly basis 6274 kg annual collection	White: 27 kg monthly basis 323 kg annual collection	Blue Category : 64 kg monthly basis 771 kg annual collection	General Solid waste: 1160kg monthly basis from the annual collection of 1401kg																																																
Red Category: 522 kg monthly basis 6274 kg annual collection																																																					
White: 27 kg monthly basis 323 kg annual collection																																																					
Blue Category : 64 kg monthly basis 771 kg annual collection																																																					
General Solid waste: 1160kg monthly basis from the annual collection of 1401kg																																																					
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																				
(i) Details of the on-site storage facility	<table border="1"> <tr> <td>Size</td> <td>: To be submitted directly by waste management company</td> </tr> <tr> <td>Capacity</td> <td>: To be submitted directly by waste management company</td> </tr> <tr> <td>Provision of on-site storage</td> <td>: To be submitted directly by waste management company</td> </tr> </table>	Size	: To be submitted directly by waste management company	Capacity	: To be submitted directly by waste management company	Provision of on-site storage	: To be submitted directly by waste management company																																														
Size	: To be submitted directly by waste management company																																																				
Capacity	: To be submitted directly by waste management company																																																				
Provision of on-site storage	: To be submitted directly by waste management company																																																				
disposal facilities	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>To be submitted directly by waste management company</td> </tr> <tr> <td>Sharps encapsulation or</td> <td></td> <td></td> <td>To be submitted directly by waste management company</td> </tr> <tr> <td>concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td>To be submitted directly by waste management company</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer			To be submitted directly by waste management company	Sharps encapsulation or			To be submitted directly by waste management company	concrete pit				Deep burial pits:				Chemical disinfection:			To be submitted directly by waste management company	Any other treatment equipment:			
Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum																																																		
Incinerators																																																					
Plasma Pyrolysis																																																					
Autoclaves																																																					
Microwave																																																					
Hydroclave																																																					
Shredder																																																					
Needle tip cutter or destroyer			To be submitted directly by waste management company																																																		
Sharps encapsulation or			To be submitted directly by waste management company																																																		
concrete pit																																																					
Deep burial pits:																																																					
Chemical disinfection:			To be submitted directly by waste management company																																																		
Any other treatment equipment:																																																					
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) - NA																																																				
(iv) No of vehicles used for collection and transportation of biomedical waste	Attached vehicle detail																																																				
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg	Quantity Where generated disposed Incineration Ash ETP Sludge - NA																																																				

	per annum		
	(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of		Biotic Waste Solutions Pvt. Ltd.
	(vii) List of member HCF not handed over bio-medical waste.		NA
6	Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period.		We have clubbed our Biomedical waste management committee with Infection Control Committee. The minutes have been attached for reference.
7	Details trainings conducted on BMW		No of Trainings – 25 Number of personnel trained - 3
	(i) Number of trainings conducted on BMW Management		
	(ii) number of personnel trained		
	(iii) number of personnel trained at the time of induction		3
	(iv) number of personnel not undergone any training so far		Nil
	(v) whether standard manual for training is available?		Yes, BMW SOP is being followed
	(vi) any other information)		NA
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		08
	(ii) Number of the persons affected		NA
	(iii) Remedial Action taken (Please attach details if any)		Incident reports attached along
	(iv) Any Fatality occurred, details.		Nil
9.	Are you meeting the standards of air Pollution from the incinerator? How Many times in last year could not met the standards?		NA, We do not have incinerators
	Details of Continuous online emission monitoring systems installed		NA
10	Liquid waste generated and treatment Methods in place. How many times you have not met the standards in a year?		Since being under 50 bed, ETP is not required as it is not a mandate however we have a STP plant in place.
11	Is the disinfection method or Sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Yes, Nil
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) - NA

Certified that the above report is for the period from 1<sup>st</sup> January 2023 till 31<sup>st</sup> December 2023.

Garima Prasad

Name and Signature of the Head of the  
Institution

Date: 16/4/2024  
Place: New Delhi



BIOTIC WASTE SOLUTIONS PVT. LTD.

+91 11 4752 8106  
+91 11 4752 8107

011-47528106  
www.biotic.co.in

46-47, 5th Industrial Area,  
G. T. Karnal Road, Delhi-110033

To,

Date:-16-11-2023

Fortis Hospital Ltd. (Fortis La Femme) – 1950  
S-549, Greater Kailash-2, New Delhi

Sub:-Vehicle Information.

Dear Sir,

Vehicle No.DL1LAB4251, DL1LAL2624, DL1LY1523 ,DL1LY4799,DL1LAB4599 is authorized by company for Bio Medical waste collection transportation generated by your hospital .This Vehicle is labeled As per BMW Rules 2016 and vehicle used are as per CPCB guidelines these vehicle attached with the GPS provision as per BMW Rules 2016.This is for your kind information.

DL1LV8844			
DL1LAB4549	DL1LAC4301	DL1LAB4586	DL1LV9243
DL1LAD1257	DL1LX1349	DL1LAE0358	DL1LAD9268
DL1LAB4599	DL1LAD1132	DL1LAB5167	DL1LAH4071
DL1LX1490	DL1LV9304	DL1LR1879	DL1LAD1286
DL1LAD9277	DL1LV9242	DL1LV8794	DL1LV0858
DL1LAB4544	DL1LAE0342	DL1LX3602	DL1LK8033
DL1LAB2286	DL1LAC4214	DL1LS8533	DL1LM1593
DL1LA4536	DL1LR5013	DL1LAA5272	DL1LAC4338
DL1LX3384	DL1LAC4334	DL1LV8795	DL1LAH4071
DL1LY1523	DL1LS0435	DL1LV8843	DL1LAH4033
DL1LX3678	DL1LAE0426	DL1LV9305	
DL1LAD1107	DL1LAH4780	DL1LX1398	
	DL1LAA6567		

Yours Sincerely.

Ankit Gupta  
(9899910083)

**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : *December - 2023*
2. Type of Accident : *Nil*
3. Sequence of events leading to accident : *Nil*
4. Has the Authority been informed immediately : *Nil*
5. The type of waste involved in accident : *Nil*
6. Assessment of the effects of the accidents on human health and the environment : *Nil*
7. Emergency measures taken : *Nil*
8. Steps taken to alleviate the effects of accidents : *Nil*
9. Steps taken to prevent the recurrence of such an accident : *Nil*
10. Does your facility have an Emergency Control policy? If yes give details : *Nil*

Date... *December - 2023*

Place... *New Delhi*

Signature..... *[Signature]*

Designation..... *ICN*





**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : *November - 2023*
2. Type of Accident : *Nil*
3. Sequence of events leading to accident : *Nil*
4. Has the Authority been informed immediately : *Nil*
5. The type of waste involved in accident : *Nil*
6. Assessment of the effects of the accidents on human health and the environment : *Nil*
7. Emergency measures taken : *Nil*
8. Steps taken to alleviate the effects of accidents : *Nil*
9. Steps taken to prevent the recurrence of such an accident : *Nil*
10. Does your facility have an Emergency Control policy?  
If yes give details : *Nil*

Date.....*November-2023*

Place.....*New Delhi*

Signature.....*[Signature]*

Designation.....*ICM*

**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : 28/10/23, 3:30pm
2. Type of Accident : Needle stick injury
3. Sequence of events leading to accident : During the tearing the tissue micro Testa sample, staff recapping the needle in ruf lab
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes, used needle
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes, Needle stick injury policy
9. Steps taken to prevent the recurrence of such an accident : Yes, Counseling and Re-training
10. Does your facility have an Emergency Control policy? If yes give details : Yes, NS policy (Do not squeeze or suck in injury site, wash liberally with soap and water, Report and give the details of injury to infection control staff or designated person. Induction or in-service given to HCU)

Date.. 28/10/23..

Place.. New Delhi

Signature..... Vmej .....

Designation..... ICN .....

**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : 17/10/23, at 10:00am
2. Type of Accident : Needle stick injury (Gynaec Consultant)
3. Sequence of events leading to accident : During the operative procedure (LSCS) suturing needle accidentally gone in tip of left hand thumb.
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes, used needle
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes, Needle stick injury policy
9. Steps taken to prevent the recurrence of such an accident : Yes, Counseling and Retraining
10. Does your facility have an Emergency Control policy? If yes give details : Yes, NSI policy (Do not squeeze or suck injury site, Wash liberally with soap and water, Report and give the details of injury to infection control staff or designated person) Inclusion of insurance given to HCN

Date 17/10/23

Place New Delhi

Signature Virey

Designation ICN

**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : 26/09/23
2. Type of Accident : Needle stick injury (House Keeping)
3. Sequence of events leading to accident : Surgical blade injury happened in central BMD area while cleaning the BMD container
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes unknown
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (unknown)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Retraining)
10. Does your facility have an Emergency Control policy? If yes give details : Yes, NIS policy (Do not quorce or suck in injury site, Wash liberarily with soap and water, Report and give the details of injury to infection control staff or designated persons. Induction or in service given to HCW)

Date 26/9/23

Place New Delhi;

Signature Vineet

Designation ICW

**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : 07/09/23 at 3:30pm
2. Type of Accident : Needle stick injury (House keeping)
3. Sequence of events leading to accident : While she segregate the red bag in dirty utility that time accidentally needle pin happened in Right index finger
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes, unknown
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury policy)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Retraining)
10. Does your facility has an Emergency Control policy? If yes give details : Yes, NISI policy (Do not squeeze or suck in injury site, Wash liberally with soap and water, Report and give the details of injury to infectious control staff or designated persons. Thorough or immediate access to HCL)

Date.....07/09/23.....  
Place.....New Delhi.....

Signature.....Vijay.....  
Designation.....ICU.....

**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : 29/08/23 at 11:15 am
2. Type of Accident : Needle stick injury (Doctor)
3. Sequence of events leading to accident : While During the operative procedure (LSCS) suturing needle accidentally prick tip of right hand index finger
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes (Used needle)
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury policy)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Retraining)
10. Does your facility have an Emergency Control policy? If yes give details : Yes, NIS policy (Do not squeeze or suck in injury site, Wash liberally with soap and water. Report and give details of injury to infection control staff or designated persons. Induction or instruction given to HCU)

Date 29/08/23

Place New Delhi

Signature *[Signature]*

Designation ICA

**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : 04/08/23 at 12:30pm
2. Type of Accident : Sharp injury (needle)
3. Sequence of events leading to accident : While assisting the surgery accidentally hit the blade on the left hand dorsum.
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes (used ~~needle~~ blade)
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury policy)
9. Steps taken to prevent the recurrence of such an accident : Yes Counseling and Retraining
10. Does your facility have an Emergency Control policy? If yes give details : Yes, OHSI, policy (Do not squeeze or suck in injury site, Wash liberally with soap and water. Report and give the details of the injury to infection control staff or designated persons. Induction or inservice given to HCU.

Date.....

Signature..... *Vijay* .....

Place.....

Designation..... *ICU* .....

**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : July - 2023
2. Type of Accident : Nil
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effects of the accidents on human health and the environment : Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does you facility has an Emergency Control policy?  
If yes give details : Nil

Date New Delhi  
Place July - 2023

Signature [Signature]  
Designation ICN



**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : ~~June~~ 22/06/23
2. Type of Accident : Needle stick injury  
(Gynaec Resident)
3. Sequence of events leading to accident : During the operative procedure (TAH)  
Suturing needle accidentally prick in tip  
of right hand ring finger
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes (used needle)
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury policy)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Retraining)
10. Does your facility have an Emergency Control policy? If yes give details : Yes, NSI, Policy (Do not squeeze or suck  
in injury site, wash liberally with soap and  
water. Report and give the details of injury to  
infection control staff or designated persons. The  
or in service given to HCU)

Date: 22/06/23

Place: New Delhi


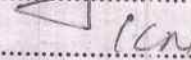
Signature: Virey

Designation: ICU

**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : May - 2023
2. Type of Accident : Nil
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effects of the accidents on human health and the environment : Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does your facility have an Emergency Control policy? If yes give details : Nil

Date..... May - 2023  
Place..... New Delhi

Signature.....   
Designation..... 

**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : 07/04/2023, at 9pm
2. Type of Accident : Needle stick injury  
(Nurse)
3. Sequence of events leading to accident : While she assisting the sample collection that time accidentally needle prick happened.
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes, Contaminated needle
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury policy)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Retraining)
10. Does your facility have an Emergency Control policy? If yes give details : Yes, NISI policy (Do not squeeze or suck in injury site, Wash liberally with soap and water, Report and give the details of injury to infection control staff or designated persons, induction or inservice given to HCL)

Date... 08/04/2023

Place... New Delhi

Signature..... *[Signature]*


Designation... I.C.N.

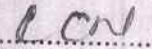
**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : March - 2023
2. Type of Accident : Nil
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effects of the accidents on human health and the environment : Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does your facility have an Emergency Control policy?  
If yes give details : Nil

Date..... March - 2023

Place..... New Delhi

Signature..... 

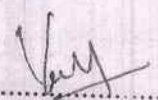
Designation..... 

**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : Feb, 2023
2. Type of Accident : Nil
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effects of the accidents on human health and the environment : Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does you facility has an Emergency Control policy?  
If yes give details : Nil

Date.....Feb-2023

Place.....New Delhi


Signature.....

Designation.....ICM

**FORM I**  
**ACCIDENT REPORTING**

1. Date and time of accident : Jan - 2023
2. Type of Accident : Nil
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effects of the accidents on human health and the environment : Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does you facility has an Emergency Control policy?  
If yes give details : Nil

Date..... Jan 2023  
Place..... New Delh.

Signature.....   
Designation..... ICM