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

Date : …………………… Signature …………………….

Place: …………………… Designation …………………..