

To,

Date: 02/03/2019

The Uttar Pradesh Control Committee,
A – 1, Commercial Complex, Beta -2 ,
Greater Noida -201306

Respected Sir,

We are submitting the Bio Medical waste Nil Report for the Year of - 2018 Attached

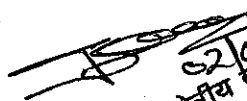
Please find the same in form-A

Thanks and Regards


Dr. Paritosh Thakur

Medical Superintendent
Max Multi Speciality Hospital
(A unit of Four Seasons Foundation)
Plot No. - 4A, Sector Institutional Green,
Greater Noida - 201306

Greater Noida Uttar Pradesh -201306


02/03/19
क्षेत्रीय कार्यालय
उ० प्र० प्रदूषण नियंत्रण बोर्ड
A-1, कार्मार्किंगल कामप्लेक्स
सै० बीटा-2, ग्रेटर नोएडा (उ० प्र०)

FORM-1

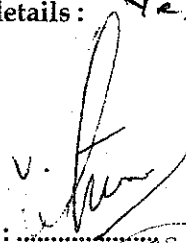
See Rule 4 (o) 5 S (i) and 15 (z)

ACCIDENT REPORTING

1. Date and Time accident : Nil
2. Type of accident : Nil
3. Sequence to events leading to accidents : Nil
4. Has the Authority been informed immediately ; Nil
5. The type of waste involved in accident ; Nil
6. Assessment of the effect of the accident on human health and the environment : Nil
7. Emergency measure taken : Nil
8. Steps taken to alleviate the effect of accident ; 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 : Yes

Date : 2018

Place : Max Multi Speciality
Hospital Greater Noida
Ghaziabad.

Signature : 
Designation : 