

To,

The Regional office.
VPOCB, Dehradun.

FORM I

ACCIDENT REPORTING

1. Date and time of accident : NIL
2. Sequence of events leading to accident : NIL
3. The waste involved in accident : NIL
4. Assessment of the effects of the Accidents on human health and the environment: NIL
5. Emergency measures taken : NIL
6. Steps taken to alleviate the effects of accidents : NIL
7. Steps taken to prevent the recurrence of such an accident : NIL
8. Does your facility has an Emergency control Policy? If yes, give details. YES

Date : 03/01/2019

Place : Dehradun (UK)

Signature

Designation

