

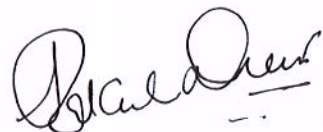
FORM – I
[See rule 4(o), 5(i) and 15(2)]

ACCIDENT REPORTING

1. Date and time of accident : NIL
2. Type of Accident : NIL
3. Sequence of events leading to accident : NIL
4. Has the Authority of 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 : N/A
8. Steps taken to alleviate the effects of accidents : N/A
9. Steps taken to prevent the recurrence of such an accident : N/A
10. Does your facility have Emergency Control policy?
If yes, give details : YES, Attached

Date : 29/8/19

Place : Mohali

Signature : 

Designation : Ar P

