

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 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 environments:- Nil
7. Emergency measures taken:- Nil
8. Steps taken to alleviate the effects of accident:- Nil
9. Steps taken to prevent the recurrence of such accident:- Nil
10. Does your facility has an Emergency Control policy? If yes give details:- Yes

Date:

9/11/19

Place:

CCN

Shriyay
H.S.P.C.B
GRN 23/11/19

Signature:

Gaurav Khurana
Designation: Gaurav Khurana
GM - Operations
Max Hospital, Gurgaon
(A Unit of Alps Hospital Ltd.)
Block-B, Sushant Lok - I, Gurgaon-122 001

Date 9th Jan 2019

Max Hospital, Gurgaon

B- Block, Sushant Lok-1

Gurgaon, Haryana-122001

Ph. No: +91-124-6623000

To,

The Environmental Engineer (BMW. CELL)

Haryana State Pollution Control Board,

Department of Environment

North Vikas Sadan, 1st Floor, Near Court,

Gurgaon-122001

Subject- Accident Report

Dear Sir/ Madam,

I am enclosing here with accident report in form -1 pertaining to generation and disposal of Bio-medical waste at our hospital, Max Hospital Gurgaon (A unit of ALPS Hospital Ltd.) B- Block, Sushant Lok-1, Gurgaon Haryana-122001 for the period from 01.01.2018 to 31.12.2018.

Thanking You,

Yours Faithfully,

Gaurav Khurana

(GM- Operations)

For Max Hospital, Gurgaon

(A unit of ALPS Hospital Ltd.)



GM - Operations
Max Hospital, Gurgaon
(A Unit of Alps Hospital Ltd.)
Block-B, Sushant Lok-1, Gurgaon-122 001

Shri...
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