

To,

Dated- 28th Jan 2021

The Member Secretary
Uttarakhand Environment Protection and Pollution Control Board
Dehradun, Uttarakhand-248001

The Regional Officer
Uttarakhand Environment Protection and Pollution Control Board
Dehradun, Uttarakhand-248001

SUBJECT: SUBMISSION OF FORM I - BIO - MEDICAL WASTE - BMW FOR MONTH JAN -DEC-2020.

Dear Sir,

I here - by submit the Accident Report Form – I for Bio - Medical Waste - BMW for the month of Jan- Dec 2020 for your kind information and needful considerations please.

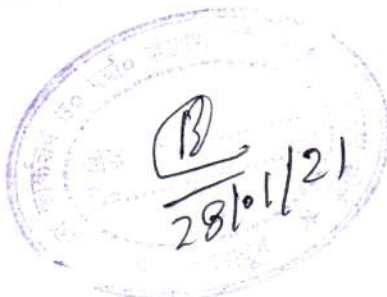
You are therefore requested to acknowledge the same.

Form - I Accidental Report's Attached (03)


Narender S Rawat

AM - Administration

Mobile No -08650731730



ACCIDENT REPORTING

1. Date and time of accident : 14-05-2020 at 8:30 AM
2. Type of Accident : Needle Stick Injury
3. Sequence of events leading to accident : While administering Insulin to patient
4. Has the Authority of been informed immediately: Yes
5. The type of waste involved in accident : Sharp (Needle)
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : Washed hands under running water immediately, TT. Immunization done, Incident raised, Viral markers sent.
8. Steps taken to alleviate the effects of accidents : Immunization and Viral markers sample sent
9. Steps taken to prevent the recurrence of such an accident : Training has been done
10. Does your facility have Emergency Control policy?
If yes, give details : Yes

Date : 20/5/20

Place : Dehradun

Signature : Ankit

Designation : Consultant Microbiology



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

ACCIDENT REPORTING

1. Date and time of accident : 24-02-2020 at 10:30 PM.
2. Type of Accident : Needle stick Injury
3. Sequence of events leading to accident : While discarding pre-filled syringe.
4. Has the Authority of been informed immediately: Yes.
5. The type of waste involved in accident : Sharp. (Needle).
6. Assessment of the effects of the accidents on human health and the environment : Testing done.
7. Emergency measures taken : Washed hands under running water.
Gup. TT. Immunization Done, Sample sent & Incident Raised.
8. Steps taken to alleviate the effects of accidents : Immunization & Sample sent.
9. Steps taken to prevent the recurrence of such an accident : Training has been given.
10. Does your facility has Emergency Control policy? If yes, give details : Yes.

Date : 28/2/20.
Place : Belraipur.



Signature : Anant
Designation : Consultant Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 22-05-2020 at 11:30 AM.
2. Type of Accident : Needle stick Injury
3. Sequence of events leading to accident : During the sample collection.
4. Has the Authority of been informed immediately: Yes
5. The type of waste involved in accident : Sharp (Needle)
6. Assessment of the effects of the accidents on human health and the environment : Testing done -
7. Emergency measures taken : Washed hands under running water.
Hep. IT Immunization done -
8. Steps taken to alleviate the effects of accidents : Incident raised, Viral markers sent.
Immunization & viral markers sent
9. Steps taken to prevent the recurrence of such an accident : Training has been done -
10. Does your facility has Emergency Control policy?
If yes, give details : Yes

Date : 24/5/20.
Place : Dehradun.



Signature

Designation

AKT
Consultant microbiology