	Date and time of accident  Type of Accident	: Jan : Nil	2021	
3.	Sequence of events leading to accident			
4.	Has the Authority been informed immediately	: 4		
5.	The type of waste involved in accident	/		
6.	Assessment of the effects of the accidents on human health and the environment	v:		
7.	Emergency measures taken	:		
8.	Steps taken to alleviate the effects of accidents			
9.	Steps taken to prevent the recurrence of such an accident			
10	Does you facility has an Emergency Control policy? If yes give details			
	te Jan 2021 ice New Delbi		Signature Designation	Vhul Cery

1. Date and time of accident : Feb 2021

2. Type of Accident	. Nil
Sequence of events leading to accident	
Has the Authority been informed immediately	
<ol> <li>The type of waste involved in accident</li> </ol>	
Assessment of the effects     of the accidents on human     health and the environment	
7. Emergency measures taken	
Steps taken to alleviate the effects of accidents	
Steps taken to prevent the recurrence of such an accident	
10. Does you facility has an Emergency Control policy? If yes give details	
Date Feb-2021 Place New Delhi	Signature July Designation / Cay

1.	Date and time of accident	: March -	2021
2.	Type of Accident	: Nil	
3.	Sequence of events leading to accident		
4.	Has the Authority been informed immediately		
5.	The type of waste involved in accident		
6.	Assessment of the effects of the accidents on human health and the environment		
7.	Emergency measures taken		
8.	Steps taken to alleviate the effects of accidents		
9.	Steps taken to prevent the recurrence of such an accident		
10.	Does you facility has an Emergency Control policy? If yes give details		
D-4	March-2021		1/4
		Signature.	du de
Plac	e Alew Delbi	Designation	n/C/4

1.	Date and time of accident	:	Poil Nil	_ 2021
2.	Type of Accident	:	Nil	
3.	Sequence of events leading to accident	:		
4.	Has the Authority been informed immediately	:		
5.	The type of waste involved in accident	:		
6.	Assessment of the effects of the accidents on human health and the environment			
7.	Emergency measures taken	:		
8.	Steps taken to alleviate the effects of accidents	:		
9.	Steps taken to prevent the recurrence of such an accident	:		
10.	Does you facility has an Emergency Control policy? If yes give details	:		
Date Plac	Donl-2021 e New Delhi			Signature LOV  Designation LOV

1.	Date and time of accident	:	May	2021			
2.	Type of Accident	:	Nil				
3.	Sequence of events leading to accident	:	_				
4.	Has the Authority been informed immediately	:	_				
5.	The type of waste involved in accident	:					
6.	Assessment of the effects of the accidents on human health and the environment	:					
7.	Emergency measures taken	:					
8.	Steps taken to alleviate the effects of accidents	:	2				
9.	Steps taken to prevent the recurrence of such an accident	:					
10	Does you facility has an Emergency Control policy? If yes give details	:					
Dat Plac	e May 2021 ce New Delhi			Signature Designati	THE WATER	ing con	 !

1.	Date and time of accident		Terrast	2021			
2.	Type of Accident	:	vil				
3.	Sequence of events leading to accident						
4.	Has the Authority been informed immediately		_				
5.	The type of waste involved in accident						
6.	Assessment of the effects of the accidents on human health and the environment						
7.	Emergency measures taken						
8.	Steps taken to alleviate the effects of accidents	:	_				
9.	Steps taken to prevent the recurrence of such an accident	:	-				
10	Does you facility has an Emergency Control policy? If yes give details		_				
Dat	e June 2021 ce New Delhi			Signature Designation	16	1	1.
1 14				Designation			

1. Date and time of accident : July 2021  2. Type of Accident : Mil  3. Sequence of events leading :				THE RESERVE OF THE PARTY OF	
2. Type of Accident :	1.	Date and time of accident	: Tule	2021	
to accident  4. Has the Authority been informed immediately  5. The type of waste involved :	2.	Type of Accident	: Mil		
informed immediately  5. The type of waste involved in accident  6. Assessment of the effects of the accidents on human health and the environment  7. Emergency measures taken :  8. Steps taken to alleviate the effects of accidents  9. Steps taken to prevent the recurrence of such an accident  10. Does you facility has an Emergency Control policy? If yes give details	3.		:		
in accident  6. Assessment of the effects of the accidents on human health and the environment  7. Emergency measures taken :	4.		:		
of the accidents on human health and the environment  7. Emergency measures taken :	5.		:		
8. Steps taken to alleviate the effects of accidents  9. Steps taken to prevent the recurrence of such an accident  10. Does you facility has an Emergency Control policy? If yes give details	6.	of the accidents on human	:		
9. Steps taken to prevent the recurrence of such an accident  10. Does you facility has an Emergency Control policy? If yes give details	7.	Emergency measures taken	:		
recurrence of such an accident  10. Does you facility has an : Emergency Control policy? If yes give details	8.	Steps taken to alleviate the effects of accidents	:		
Emergency Control policy? If yes give details	9.	recurrence of such an			
Date Tuly 2021 Signature Vil	10.	Emergency Control policy?	:		
Place New Delhi Designation		V			Vanj

Date and time of accident	: 27/08/2021., 11:00 Am
2. Type of Accident	Needle Stielc injury (Neonatal Resident)
Sequence of events leading to accident	: During the operative procedure sut needle accidently practed in left hand index finger
Has the Authority been informed immediately	Hand index finger 1 : Yes
5. The type of waste involved in accident	: Yes, used necdle
6. Assessment of the effects of the accidents on human health and the environment	: Yes
7. Emergency measures taken	: Yes
Steps taken to alleviate the effects of accidents	: Les Checelle Stiet injurées polices)
9. Steps taken to prevent the recurrence of such an accident	: Yes Evanseling and Rotraining)
10. Does you facility has an Emergency Control policy? If yes give details	: Yes, NSI. Policy (Do not squeeze or suck in injury ste, wash laboraly with soapcudes Pepert and gree the details of injury to infection Central Staff or designated poisson induction or inservice todaining given to Ho
Date 2-1/08/2021 Place New Delhi	Signature Designation L. C.

### FORM I

#### ACCIDENT REPORTING

		사용하다 등을 하고 있다면 하는데 그런 하는 사람들이 들었다. 그는 사람들이 살아 들어 들어 내려왔다.
1.	Date and time of accident	: 09/09/2021, 8:50 9m
2.	Type of Accident	: Needle Stiek injurner (Course Consultant) Drea -07) : During the operative procedure suf
3.	Sequence of events leading to accident	During the operative procedure superince super
4.	Has the Authority been informed immediately	: Yes
5.	The type of waste involved in accident	: Yes (used needle)
6.	Assessment of the effects of the accidents on human health and the environment	: Yes
	Emergency measures taken	
8.	Steps taken to alleviate the effects of accidents	: Yes (Meedle stiele injumy policy)
	Steps taken to prevent the recurrence of such an accident	: Yes Conseling and Retaining)
10.	Does you facility has an Emergency Control policy? If yes give details	les NSI palier (Do not Squeeze ex sue injury 8 He Inlash liberally with Soaparell Pepust and of entre the details of injury to instruction current stuffer designated person, note infection current stuffer designated person, note or inservice training equies to all Hew Signature. Your
Det	oglog/21	or inservice training given to all Hew
	e New Delhi	Designation. /C/1.

#### FORM I

#### ACCIDENT REPORTING

1.	Date and time of accident	: 10/09/2021, 10:50am
2.	Type of Accident	: Needlestick injury (Cupae Resident)
3.	Sequence of events leading to accident	: Needlestick injury (Cupae Resident) ! : During the operative precedine stell cell collection needle accidently principal in Right hard small finger
4.	Has the Authority been informed immediately	: Yes
5.	The type of waste involved in accident	: Yes (used needle)
6.	Assessment of the effects of the accidents on human health and the environment	! Yes
7.	Emergency measures taken	: Yes
8.	Steps taken to alleviate the effects of accidents	: Yes, macalle stick injury policy
9.	Steps taken to prevent the recurrence of such an accident	: Yes, Locurseling and Ketraining)
	Does you facility has an Emergency Control policy? If yes give details	Yes, MSI palicy (1) o not squeeze or such injury site, Inlash liberally with supard Inlash population of injury to paper and give the details of injury to paper and give the details of injury to paper and staff or designated person, interior control staff or designated person, induction or insertice training given to the modulation or insertice training given to the signature. Vinit
Date Plac	. 10/09/2021 e Men Delbi	Signature Vary  Designation ICM

	[1] : [1] : [1] : [1] [1] [1] : [1] : [1] [1] : [1] [1] : [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
Date and time of accident	: 22/09/2021, 9:50 am
2. Type of Accident	: Mealle stie injunery C Nouse, novea of
Sequence of events leading to accident	: Dering the operative procedure Sunn needle accordantly procked Right dand doroun
Has the Authority been informed immediately	: 1/08
The type of waste involved in accident	: Yes (used neadle)
6. Assessment of the effects of the accidents on human health and the environment	· Yes ? · · · · · · · · · · · · · · · · · ·
7. Emergency measures taken	
8. Steps taken to alleviate the effects of accidents	: Yes (Needle Stiete injury police)
Steps taken to prevent the recurrence of such an accident	: Yes (Counseling and Retraining)
10. Does you facility has an Emergency Control policy? If yes give details	: Yes, NSI policy (Do not squeeze or suelc site, Inlash like taly cyith seeps and white the defails of injunity infection Control sluft or closing rould less induction or inservice training given to all the
Date 25/9/21 Place New Delhi	Signature

#### FORM I

#### ACCIDENT REPORTING

1.	Date and time of accident	15/10/21 at
2.	Type of Accident	Mecelle Stie injury Colorese, Area OPD)
3.	Sequence of events leading to accident	After Ilm injection while putte Horn into disposal Constained need accidently macked in Right hard indo
4.	Has the Authority been informed immediately	Yas finger
5.	The type of waste involved in accident	Yes (used needle)
6.	Assessment of the effects of the accidents on human health and the environment	Yes
7.	Emergency measures taken	Yes
8.	Steps taken to alleviate the effects of accidents	Yes (recelle stick injury policy)
9.	Steps taken to prevent the recurrence of such an accident	Yes (conseling and Retraining)
10.	Does you facility has an Emergency Control policy? If yes give details	Yes, NSI policy (Do not squeeze or step lalash literally with soap and whater pepert and ofter the defails of the injury to infection control staff orderignal person. Industrian or inservice training grid to all Hell. Vincy
	18/10/21 e/New Delhi	person Induction of inservice raining vgrantion of inservice raining vgrantion of inservice raining vgrantion.  Signature

1.	Date and time of accident	:	Novemmber 2021
2.	Type of Accident	:	Nil
3.	Sequence of events leading to accident		
4.	Has the Authority been informed immediately		
5.	The type of waste involved in accident		
6.	Assessment of the effects of the accidents on human health and the environment		
7.	Emergency measures taken	•	
8.	Steps taken to alleviate the effects of accidents		
9.	Steps taken to prevent the recurrence of such an accident		
10.	Does you facility has an Emergency Control policy? If yes give details		
	November-2021		Signature

1.	Date and time of accident	:	Decon	sper-2	2021	
2.	Type of Accident		Ned			
3.	Sequence of events leading to accident					
4.	Has the Authority been informed immediately					
5.	The type of waste involved in accident	:	_			
6.	Assessment of the effects of the accidents on human health and the environment					
7.	Emergency measures taken		<u> </u>			
8.	Steps taken to alleviate the effects of accidents	:	-			
	Steps taken to prevent the recurrence of such an accident					
10.	Does you facility has an Emergency Control policy? If yes give details	:				
Date	December -2021 Down Dolbi			Signature Designation	Van V	<b>Y</b>