

FORM I
ACCIDENT REPORTING

1. Date and time of accident : Jan 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 your facility have an Emergency Control policy?
If yes give details : _____

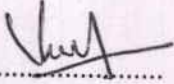
Date.....Jan 2021
Place.....New Delhi

Signature.....[Signature]
Designation.....TCM

FORM I
ACCIDENT REPORTING

1. Date and time of accident : Feb 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..... Feb 2021
Place..... New Delhi

Signature..... 
Designation..... ICAI

FORM I
ACCIDENT REPORTING

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 : —

Date.. March-2021

Place.. New Delhi

Signature..... [Signature]

Designation..... ICM

FORM I
ACCIDENT REPORTING

1. Date and time of accident : April - 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. April - 2021
Place. New Delhi

Signature.....
Designation..... ICN

FORM I
ACCIDENT REPORTING

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 : _____
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..... May 2021
Place..... New Delhi

Signature..... [Signature]
Designation..... ICN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : June 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 your facility have an Emergency Control policy? If yes give details : —


Date.....June 2021
Place.....New Delhi

Signature.....[Signature]
Designation.....ICM

FORM I
ACCIDENT REPORTING

1. Date and time of accident : July 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 your facility have an Emergency Control policy?
If yes give details : _____

Date..... July 2021
Place..... New Delhi

Signature..... 
Designation..... ICM

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 27/08/2021, 11:00 AM
2. Type of Accident : Needle stick injury
(Neonatal Resuscitant)
3. Sequence of events leading to accident : During the operative procedure sutu
needle accidentally pricked in left
hand index 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 (Needle stick injury policy)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Retraining)
10. Does your facility has an Emergency Control policy?
If yes give details : Yes, NSI Policy (Do not squeeze or suck
in injury site, Wash liberally with soap and water
Report and give the details of injury to
infection control staff or designated persons
Induction or inservice training given to HCU
- Date..... 27/08/2021
Place..... New Delhi
- Signature..... *[Signature]*
Designation..... I.C.N.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 09/09/2021, 8:50 am
2. Type of Accident : Needle stick injury
(Cytocare Consultant) - Area - OT
3. Sequence of events leading to accident : During the operative procedure safe needle accidentally pricked in tip of left hand index 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 (Needle stick injury policy)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Retraining)
10. Does your facility have an Emergency Control policy? If yes give details : Yes, NSI policy (Do not squeeze or suck injury site, wash liberally with soap and water, Report and give the details of injury to infection control staff or designated person, make or in-service training given to all HCW)
- Date... 09/09/21
Place... New Delhi
- Signature.....
Designation..... ICAI.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 10/09/2021, 10:50am
2. Type of Accident : Needlestick injury
(Cyrae Resistant)
3. Sequence of events leading to accident : During the operative procedure
stall cell collection needle accidentally
punctured in Right hand 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, Needle stick injury policy
9. Steps taken to prevent the recurrence of such an accident : Yes, Counseling and Retraining
10. Does your facility have an Emergency Control policy? If yes give details : Yes, NSI policy (Do not squeeze or suck injury site, wash liberally with soap and water, Report and give the details of injury to infection control staff or designated person, induction or in-service training given to all HCU)

Date... 10/09/2021
Place... New Delhi

Signature... Vali
Designation... ICM

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 22/09/2021, 9:50 am
2. Type of Accident : Needle stick injury
(Nurse, Area OT)
3. Sequence of events leading to accident : During the operative procedure Suture needle accidentally pricked Right hand dorsum
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 (Needle stick injury policy)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Retraining)
10. Does your facility has an Emergency Control policy? If yes give details : Yes, NIS1 policy (Do not squeeze or suck site, lather liberally with Soap, lather, Report and give the details of injury to infection control staff or designated Person. Induction or inservice training given to all the

Date... 25/9/21

Place... New Delhi

Signature... Vaj

Designation... ICM

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 15/10/21 at
 2. Type of Accident : Needle stick injury
Cantonment, Area OPD)
 3. Sequence of events leading to accident : After 7th injection while putting
them into disposal container needle
accidentally pricked in Right hand index
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 (Needle stick injury policy)
 9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Retraining)
 10. Does your facility have an Emergency Control policy? If yes give details : Yes, NSI policy (Do not squeeze or
squeezed latex literally with soap and
water, Report and give the details of the
injury to infection control staff or designate
person. Induction or in-service training given
to all HCW.
- Date. 18/10/21
Place. New Delhi
- Signature..... Vincy
Designation..... ICA

FORM I
ACCIDENT REPORTING

1. Date and time of accident : *November 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 your facility have an Emergency Control policy?
If yes give details : *—*

Date.....*November-2021*.....

Place.....*New Delhi*.....

Signature.....*[Signature]*.....

Designation.....*ICM*.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : *December - 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... *December - 2021*

Place... *New Delhi*

Signature... *[Signature]*

Designation... *ICM*