

Fortis La Femme S-549, Greater Kallash, Part-II, New Dollhi 110048

Tel : #91 11 4057 9400 Fax : #91 11 4143 6103 Emergency : #91 11 4143 6385 Ambulance : 105010

Email : contact us.fif@fortislafemme.in Website : www.fortislafemme.in

Dated 16th Apr 2024

The Environmental Engineer (B.M.W cell)

Delhi Pollution Control Committee

Department of Environment (Govt. of NCR Delhi)

4<sup>th</sup> Floor ISBT Building Kashmiri Gate, Delhi-110006

DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
THE FLOOR, ISBT BUILDING,
KASMHERE GATE, DELHI-110006

Subject- Submission of Forum IV (Annual return for the year of 2023)

Dear Sir,

This is in reference to the above mentioned subject, we wish to bring to your kind notice

About the Bio-Medical Waste during procedures handling and transportation.

Please find the enclosed **FORM IV**.

This is for your information and records.

Thanks & Regards/

(Ms. Garima Prasad)

**Facility Director- Fortis La Femme** 

(Ms. Shilpa Kapoor)

Unit patient Experience Head

| Sr No    | Date   | Yellow Waste |          | N. Re | os Wa   | Waste   | Kg v    | W E | Biomedical Waste  White Waste  Kg Nos Kg | Biomedical Waste  White Waste  Kg Nos Kg | Biomedical Waste  White Waste  Kg Nos Kg Nos |
|----------|--------|--------------|----------|-------|---------|---------|---------|-----|--|--|--|
|          |        | Nos          | Kg       | Nos   |         | Kg      |         | Nos | Nos Kg                                   | Nos Kg Nos                               | Nos Kg Nos Kg                                |
| <b> </b> | Jan-23 | 117          | 931.180  | 85    | 580     | 580.570 | .570 35 |     | 35                                       | 35 035,610                               | 35 035.610 13                                |
| 2        | Feb-23 | 132          | 925.470  | 91    | 521,860 | 860     | 860 34  |     | 34                                       | 34 035.300                               | 34 035.300 16                                |
| U3       | Mar-23 | 400          | 1010.040 | 110   | 010.720 | 63      | 34      |     | 42                                       | 34 026.390                               | 34 020,350 14                                |
| 4        | Apr-23 | 137          | 987.070  | 101   | 469.890 | 90      | 190 42  |     | 42                                       | 42 032.560                               | 42 032.560 17                                |
| 5        | May-23 | 150          | 1029.220 | 109   | 560.370 | 70      | 70 37   |     | 37                                       | 37 028.540                               | 37 028.540 18                                |
| 6        | Jun-23 | 145          | 982.296  | 118   | 530.209 | 99      | 19 40   |     | 40                                       | 40 025.385                               | 40 025.385 20                                |
| 7        | Jul-23 | 150          | 1069.350 | 106   | 529.912 | 2       | 35      |     | 35                                       | 35 024.650                               | 35 024.650 15                                |
| 00       | Aug-23 | 142          | 1103.450 | 107   | 581.582 | 82      | 82 34   |     | 34                                       | 34 027.010                               | 34 027.010 15                                |
| 9        | Sep-23 | 139          | 1040.900 | 109   | 510.744 | 44      | 44 33   |     | 33                                       | 33 024.305 19                            | 33 024.305 19 053.080                        |
| 10       | Oct-23 | 144          | 979.600  | 107   | 510.090 | 90      | 190 33  |     | 33                                       | 33 021.350                               | 33 021.350 22 072.440                        |
| 11       | Nov-23 | 143          | 966.070  | 104   | 481,401 | 101     | 101 34  |     | 34                                       | 34 020.960                               | 34 020.960 21                                |
| 12       | Dec-23 | 139          | 971.940  | 101   | 480.967 | 967     | 967 37  |     | 37                                       | 37 021.700                               | 37 021.700 16                                |

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#### Form - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

| SI.<br>No. | Particulars   |     |   |
|------------|---|-----|---|
| 1.         | Particulars of the Occupier   | :   | Fortis Hospital Limited   |
|            | (i) Name of the authorized person (occupier or : operator of facility)  |     | Ms. Garima Prasad   |
| ,          | (ii) Name of HCF or CBMWTF  | :   | Fortis La Femme   |
|            | (iii) Address for Correspondence  | :   | S-549, Greater Kailash -2, New Delhi<br>110048  |
|            | (iv) Address of Facility  |     | S-549, Greater Kailash -2, New Delhi<br>110048  |
|            | (v)Tel. No, Fax. No   | :   | Tel- 01140579400, Fax- 011-41436103   |
|            | (vi) E-mail ID  | :   | Contactus.flf@fortislafemme.in  |
|            | (vii) URL of Website  |     | http://www.fortislafen_me.in/delhi/   |
|            | (viii) GPS coordinates of HCF or CBMWTF   |     | 28.529-018,77.243843  |
|            | (ix) Ownership of HCF or CBMWTF   | :   | Private Limited   |
|            | (x). Status of Authorization under the Bio-Medical<br>Waste (Management and Handling) Rules                                       | :   | Authorization No. DPCC/(11)(5)(01)/2023/BMW/NST AUTH/37705778H valid up to 04/09/2027 |
|            | (xi). Status of Consents under Water Act and Air Act  |     | Valid up to: NA   |
| 2.         | Type of Health Care Facility  | :   | Single Specialty  |
|            | (i) Bedded Hospital   | :   | No. of Beds: 41   |
|            | (ii) Non-bedded hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) |     | NA  |
|            | (iii) License number and its date of expiry   | No. | DHS/NH/710, Expiry-31ST Mar 2026  |
| 3.         | Details of CBMWTF   | :   | Biotic Waste Solutions Pvt. Ltd.  |
|            | (i) Number healthcare facilities covered by<br>CBMWTF   | i   | To be submitted direct y by waste management company                                  |
|            | (ii) No of beds covered by CBMWTF   | :   | To be submitted directly by waste management company                                  |
|            | (iii) Installed treatment and disposal capacity of CBMWTF:  |     | To be submitted directly by waste management company                                  |
|            | (iv) Quantity of biomedical waste treated or disposed<br>by CBMWTF  |     | To be submitted directly by waste management company                                  |
| 4.         | Quantity of waste generated or disposed in Kg per   |     | Yellow Category: 1000.kg monthly<br>basis 12005 kg annual collection                  |

| THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL | annum (on monthly average basis)   |                | 6274 White annual Blue 771 k Gene monticolles   | Category: 522 kg monthly bas<br>kg annual collection<br>e:27 kg monthly basis 323 kg<br>al collection<br>Category: 64 kg monthly bas<br>kg annual collection<br>ral Solid waste: 1160kg<br>hly basis from the annual |
|--|--|----------------|---|--|
|  | Details of the Storage, treatment, transport (i) Details of the on-site storage facility                         | ortat          | Size : To be su management compar Capacity : To be sub management compar | bmitted directly by waste ny mitted directly by waste ny e storage : To be submitted   |
|  | disposal facilities  |                | Type of treatment equipment   | No Cap Quantity of acity treated or units Kg/ disposed day in kg per   |
|  |  |                | Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder  | annum  |
|  |  |                | Needle tip cutter or destroyer  Sharps  | To be submitted directly by waste management company   |
|  |  |                | encapsulation or concrete pit   | To be submitted directly by waste management company   |
|  |  |                | Deep burial pits: Chemical disinfection: Any other treatment equipment:   | To be submitted directly by waste management company   |
|  | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.                | :              | Red Category (like pla  | astic, glass etc.) - NA  |
| 1  | (iv) No of vehicles used for collection and transportation of biomedical waste                                   |                | Attached vehicle detail   |  |
| I  | (v) Details of incineration ash and<br>ETP sludge generated and disposed<br>during the treatment of wastes in Kg | Selfmoth units | Quantity Where gen<br>disposed Incineration<br>ETP Sludge - NA  | erated<br>Ash  |

|    | per annum  |   |
|----|--|---|
|    | (vi) Name of the Common Bio-: Medical Waste Treatment Facility Operator through which wastes are disposed of                               | Biotic Waste Solutions Pvt. Ltd.  |
|    | (vii) List of member HCF not handed over bio-medical waste.  | NA .  |
| 6  | Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period.               | We have clubbed our Biomedical was a management committee with Infection Control Committee. The minutes have been attached for reference. |
| 7  | Details trainings conducted on BMW  (i) Number of trainings conducted on BMW Management  (ii) number of personnel trained                  | No of Trainings – 25<br>Number of personnel trained - 3   |
|    | (iii) number of personnel trained at<br>the time of induction  | 3   |
|    | (iv) number of personnel not<br>undergone any training so far  | Nil   |
|    | (v) whether standard manual for training is available?   | Yes, BMW SOP is being followed  |
|    | (vi) any other information)  | NA  |
| 8  | Details of the accident occurred during the year   |   |
|    | (i) Number of Accidents occurred   | 08  |
|    | (ii) Number of the persons affected  | NA  |
|    | (iii) Remedial Action taken (Please attach details if any)   | Incident reports attached along   |
|    | (iv) Any Fatality occurred, details.   | Nil   |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How Many times in last year could not met the standards?              | NA, We do not have incinerators   |
|    | Details of Continuous online emission monitoring systems installed   | NA  |
| 10 | Liquid waste generated and treatment Methods in place. How many times you have not met the standards in a year?                            | Since being under 50 bed, ETP is not required as it is<br>not a mandate however we have a STP plant in place                              |
| 11 | Is the disinfection method or<br>Sterilization meeting the log 4<br>standards? How many times you have<br>not met the standards in a year? | Yes, Nil  |
| 12 | Any other relevant information   | : (Air Pollution Control Devices attached with the Incinerator) - NA  |

Section 1

Certified that the above report is for the period from 1st January 2023 till 31st December 2023.

Garina Pearad

Name and Signature of the Head of the Institution

Date: 16/4/2624 Place: New Delli



BIOTIC WASTE SOLUTIONS PVELTO

C :31 114 02 8100

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Bal 46-47, 55 bufustred Ares. G. L. Karro it Road, Delle 110 033

To.

Date:-16-11-2023

Fortis Hospital Ltd. (Fortis La Femme) – 1950 S-549, Greater Kailash-2, New Delhi

Sub:-Vehicle Information.

Dear Sir,

Vehicle No.DL1LAB4251, DL1LAL2624, DL1LY1523, DL1LY4799, DL1LAB4599 is authorized by company for Bip Medical waste collection transportation generated by your hospital. This Vehicle is labeled As per BMW Rules 2016 and vehicle used are as per CPCB guidelines these vehicle attached with the GPS provision as per BMWM Rules 2016. This is for your kind information.

| DL1LV8844  |            |            |             |
|------------|------------|------------|-------------|
| DL1LAB4549 | DL1LAC4301 | DL1LAB4586 | DL1_V9243   |
| DL1LAD1257 | DL1LX1349  | DL1LAE0358 | DL1LAD9268  |
| DL1LAB4599 | DL1LAD1132 | DL1LAB5167 | DL1.AH4071  |
| DL1LX1490  | DL1LV9304  | DL1LR1879  | DLILAD1286  |
| DL1LAD9277 | DL1LV9242  | DL1LV8794  | DL11.V0858  |
| DL1LAB4544 | DL1LAE0342 | DL1LX3602  | DL11.K8033  |
| DL1LAB2286 | DL1LAC4214 | DL1LS8533  | DL1LM1593   |
| DL1LA4536  | DL1LR5013  | DL1LAA5272 | DL.LAC4338  |
| DL1LX3384  | DL1LAC4334 | DL1LV8795  | DL: LAH4071 |
| DL1LY1523  | DL1LS0435  | DL1LV8843  | DL LAH4033  |
| DL1LX3678  | DL1LAE0426 | DL1LV9305  |             |
| DL1LAD1107 | DL1LAH4780 | DL1LX1398  |             |
|            | DL1LAA6567 |            |             |

Yours Sincerely.

Ankit Gupta

(9899910083)

| Date and time of accident   |   | Decum  | ber - 2023            |          |
|---|---|--------|-----------------------|----------|
| 2. Type of Accident   |   | NI     |                       |          |
| Sequence of events leading to accident  | : | NH     |                       |          |
| Has the Authority been informed immediately                                       |   | Ned    |                       |          |
| 5. The type of waste involved in accident   |   | Alil   |                       |          |
| 6. Assessment of the effects of the accidents on human health and the environment |   | Nd.    |                       |          |
| 7. Emergency measures taken   |   | Mel    |                       |          |
| Steps taken to alleviate the effects of accidents                                 |   | nij.   |                       |          |
| Steps taken to prevent the recurrence of such an accident                         |   | on lid |                       |          |
| 10. Does you facility has an Emergency Control policy? If yes give details        |   |        |                       |          |
| Date Delhi<br>Place New Delhi   |   |        | Signature Designation | Very 1CM |

| 1. | Date and time of accident  | : | Movember - 2e | 23 |
|----|--|---|---------------|----|
| 2. | Type of Accident   | : | NU            |    |
| 3. | Sequence of events leading to accident   | : |               |    |
| 4. | Has the Authority been informed immediately                                    |   | nu.           |    |
| 5. | The type of waste involved in accident   | • | Mil           |    |
| 5. | Assessment of the effects of the accidents on human health and the environment |   | Nid           |    |
| 7. | Emergency measures taken   |   | Nid           |    |
| 3. | Steps taken to alleviate the effects of accidents                              |   | Nil           |    |
| ). | Steps taken to prevent the recurrence of such an accident                      | : | Nil           |    |
| 0. | Does you facility has an<br>Emergency Control policy?<br>If yes give details   |   | Nid           |    |
|    |  |   |               |    |

Date Movember-2023
Place Me Delhi

Signature LCAI

#### FORM I

#### ACCIDENT REPORTING

| 1.   | Date and time of accident  | : 28/10/23,3:30pm   |
|------|--|---|
| 2.   | Type of Accident   | : Needle Stick injury   |
| 3.   | Sequence of events leading to accident   | : During the teaning the treedle in ruf lab   |
| 4.   | Has the Authority been informed immediately                                    | : 768   |
| 5.   | The type of waste involved in accident   | : Yes, useel 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                              | : Yas, recede stie injury policy  |
| 9.   | Steps taken to prevent the recurrence of such an accident                      | : Yes, Counseling and Re-troubing   |
| 10.  | Does you facility has an<br>Emergency Control policy?<br>If yes give details   | : Yes Nis policy (Do not giveze or such in injury site, wash leberarily with soap and later, Deport and give the details of injury to injection certail staff or designated person Induction or inservice given to Held |
| Date | 28/10/23   | Induction or inservice glock to new   |
|      | . New Delhi  | Signature   |
| iac  |  | Designation1.27.9   |

|      |  | [12] [12] [12] [12] [13] [14] [15] [15] [15] [15] [15] [15] [15] [15   |
|------|--|--|
| 1.   | Date and time of accident  | : 17/10/23, at 10:am   |
| 2.   | Type of Accident   | : Mocalle stick rejuney (Gynac Consultant)   |
| 3.   | Sequence of events leading to accident   | : Nocelle stick injuney (Gyrac Consultant)  : During the operative procedures  (1scs) Surtainey recelle accordonsthey pric  in tip of left hand thump. |
| 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, Abecke stickinjunes polices   |
| 9.   | Steps taken to prevent the recurrence of such an accident                      | : Yes, Counseling and Retraining   |
| 10.  | Does you facility has an<br>Emergency Control policy?<br>If yes give details   | Later, Pepert and give the Edefails of injury to intechin control state of mercent and server to the person  |
|      | 17/00/23   | Signature.   |
| lace | e Mew Delhi  | Designation. 1 CNJ   |
|      |  |  |

| 17  |  |   |
|-----|--|---|
| 1.  | Date and time of accident  | : 26/09/23  |
| 2.  | Type of Accident   | : Needle stick injury (Itouse Keeping)  |
| 3.  | Sequence of events leading to accident   | : Songical black injury happened in central.  Brid area while Eleaning the Brid Container   |
| 4.  | Has the Authority been informed immediately                                    | : Yes   |
| 5.  | The type of waste involved in accident   | : Yes unknown   |
| 6.  | Assessment of the effects of the accidents on human health and the environment | : %s  |
| 7.  | Emergency measures taken   | · Ks  |
| 8.  | Steps taken to alleviate the effects of accidents                              | : Yes (unkenewn)  |
| 9.  | 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, 1981 policy (Do not queence or such in injury ste hilpsh liberarry with soup and liberarry with soup and liberarry Report and give the details of injury to medicine central staff or designated persons Induction or in senace given to Held. |
| Dat | e 26/9/23<br>ce New Delb;  | Signature   |
|     |  |   |

| 1.   | Date and time of accident  | : 07/09/23 at 3:80pm  |
|------|--|---|
| 2.   | Type of Accident   | : Northe Stickinjerry (House keeping)   |
| 3.   | Sequence of events leading to accident   | : In there she segregate the real bacy in clirity orthlety that there accidently needle pour happened in Right index fing : Yes   |
| 4.   | Has the Authority been informed immediately                                    | : Yes   |
| 5.   | The type of waste involved in accident   | : Yes, unknown  |
| 6.   | Assessment of the effects of the accidents on human health and the environment | : 768   |
| 7.   | Emergency measures taken   | (8) (2) 전문 [1] [1] [1] [1] [1] [2] [2] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4   |
| 8.   | Steps taken to alleviate the effects of accidents                              | : Yes Caleedle Stie injury policy)  |
| 9.   | Steps taken to prevent the recurrence of such an accident                      | : Yes (counseline and Retraining)   |
| 10.  | Does you facility has an<br>Emergency Control policy?<br>If yes give details   | : Yes, NISI policy (Do not gye ever or such me in jumy site, Inlash liberative with soup and inlater, Report and grice his details of injury to infection control start or closer nated persion. Induction or inscruic grices to Heir Signature. Very |
| Date | eNew Dello 1.  | Signature. Vuy  Designation. I.C.   |

| 1.  | Date and time of accident  | : 29/08/23 at 11:15 am  |
|-----|--|---|
| 2.  | Type of Accident   | : Needle Stie injuney (Doctor)  |
| 3.  | Sequence of events leading to accident   | : While Diring the operative procedure<br>(LSCS) Sylving needle accidently prick in<br>the of hight hand modex finger   |
| 4.  | Has the Authority been informed immediately                                    | top of night hand malex finger  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 | : Xes   |
| 7.  | Emergency measures taken   | : Yes   |
| 8.  | Steps taken to alleviate the effects of accidents                              | : Yes Creedle Stick injury policy   |
|     | Steps taken to prevent the recurrence of such an accident                      | : Yes (Couseling and Retaining)   |
| 10. | Does you facility has an<br>Emergency Control policy?<br>If yes give details   | : Yes, NLSI policy (Do not queeze or such in injury site Inlash Liberarly with soap and later Report and greathe dockes of injury to infection control staff or designated persons. Induction or inservice given to the |
|     | .29/08/23<br>e.New Delhi   | Signature   |
|     |  |   |

| 1.    | Date and time of accident  | :04/08/23 at 12:30pm   |
|-------|--|--|
| 2.    | Type of Accident   | . Shomp ipjoney (alorse)   |
| 3.    | Sequence of events leading to accident   | : In there assisting The sungery accidents that The blance on the left Land dersum   |
|       | Has the Authority been informed immediately                                    | : Yes  |
| 5.    | The type of waste involved in accident   | : Yes (used poorts)  |
| 6.    | Assessment of the effects of the accidents on human health and the environment | : Yes  |
| 10.00 | Emergency measures taken   |  |
| 8.    | Steps taken to alleviate the effects of accidents                              | : Yes (Needle Stie rippy police).  |
| HE    | 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, 5181, policy (Do not queex or such in injury site, Wash liberary est super Index Report and gree the details of the injury to inscept and statt or designated person Induction or inserving green to Hew.  Signature Vul. |
| Date  | e  | Signature Vul  |
| Plac  | e  | Designation. 1 Ch1   |
| 1 1   |  | 그 그 사람들은 사람들이 되는 것이 되었다. 수 있는 것이 되었다. 내가 되었다. 사람들이 되었다.  |

1. Date and time of accident : July - 2023

2. Type of Accident : Ald

3. Sequence of events leading : old to accident

4. Has the Authority been informed immediately

5. The type of waste involved : MI

6. Assessment of the effects : of the accidents on human health and the environment

7. Emergency measures taken : Md

8. Steps taken to alleviate the : oul

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 New Pelhi Place Taly -2023

Signature Designation CN

| the state of the s |  |
|--|--|
| 1. Date and time of accident   | : France 22/06/23  |
| 2. Type of Accident  | : Needle Stick injune  |
| Sequence of events leading to accident   | : Needle Stick injuncy<br>(Gynaz Resident)  : Dimnoj the operative poscedure (TAH<br>Sustrictor recedle accidently price in tip<br>of night hand ring tinger                 |
| 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  |  |
| Steps taken to alleviate the effects of accidents  | : Yes (recelle stick injune policy)  |
| 9. Steps taken to prevent the recurrence of such an accident   Output  Description:  | : Yes [Counseling and Retaining)   |
| 10. Does you facility has an Emergency Control policy? If yes give details   | in injury sik, lalash liberardy with soap and lader. Report and once the details of injury to infection central staff or designated person. Trebel or insenuce given to Held |
| Date 72/06/23<br>Place New 1)elh;  | Signature  |
| 2 Sydney Kerling and St. Letter Co.  |  |

| 1. | Date and time of accident | May | -2023 |
|----|---------------------------|-----|-------|
|    |                           | V   |       |

|    |                  | A CONTRACTOR |
|----|------------------|--------------|
| 2. | Type of Accident | Nil          |

| 3. | Sequence of events leading to accident | Mil |
|----|--|-----|
|    | to accident                            | 0   |

| 6.  | Assessment of the effects  | : | Peld |
|-----|----------------------------|---|------|
|     | of the accidents on human  |   |      |
| 100 | health and the environment |   |      |

Date May 2023 Place May Delhi Signature / CN

| 1          | Date and time of accident  | : 67/04/2023, at apm   |
|------------|--|--|
| 2.         | Type of Accident   | : Necelle stiek injury  (Nove) the Sample  |
| 3.         | Sequence of events leading to accident   | : While she assisting the Sample : While she assisting the Sample collections their time accidently need price happened.   |
| 4.         | Has the Authority been informed immediately                                    | : Yes  |
| 5.         | The type of waste involved in accident   | : Yes, contaminated needle   |
| 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 (Necelle stiele injury policy)   |
| 9.         | Steps taken to prevent the recurrence of such an accident                      | : Ves (Counseline and Retraining)  |
| 10.        | Does you facility has an<br>Emergency Control policy?<br>If yes give details   | : Yes, NSI policy (Do not squeeze ex such in injury site, Inlash liberarly with sog eind water, Report and enter the details injury to infection Central staff or designated person. Induction or insertice grien to the |
| CONTRACTOR | 08/04/2023<br>Nav Delhi  | Signature  |

| 1. | Date and time of accident  | : | Morreh | 2023 |
|----|--|---|--------|------|
| 2. | Type of Accident   |   | NU     |      |
| 3. | Sequence of events leading to accident   |   | NI     |      |
| 4. | Has the Authority been informed immediately                                    | : | NI     |      |
| 5. | The type of waste involved in accident   |   | NH     |      |
| 6. | Assessment of the effects of the accidents on human health and the environment |   | NJ     |      |
| 7. | Emergency measures taken   |   | Nd     |      |
| 8. | Steps taken to alleviate the effects of accidents                              |   | Nd     |      |
| 9. | Steps taken to prevent the recurrence of such an accident                      | : | NI     |      |
| 0. | Does you facility has an<br>Emergency Control policy?<br>If yes give details   |   | Nil    |      |
|    |  |   |        |      |

Signature.

Designation. LCN

Date March = 2023
Place New Delbi

Signature.....

Designation 1 CM

| 1. | Date and time of accident  | : | Feb | ,2023 |
|----|--|---|-----|-------|
| 2. | Type of Accident   | : | NI  |       |
| 3. | Sequence of events leading to accident   |   | Nil |       |
| 4. | Has the Authority been informed immediately                                    |   | Rid |       |
| 5. | The type of waste involved in accident   |   | Nil |       |
| 6. | Assessment of the effects of the accidents on human health and the environment | : | NI  |       |
| 7. | Emergency measures taken   |   | Ald |       |
| 8. | Steps taken to alleviate the effects of accidents                              |   | NI  |       |
| 9. | Steps taken to prevent the recurrence of such an accident                      |   | NU  |       |
|    | Does you facility has an<br>Emergency Control policy?<br>If yes give details   |   | nu  |       |
|    |  |   |     |       |

Date Feb-2023
Place NowDelhi

2023

| 1. | Date and time of accident  | :  | Van  |
|----|--|----|------|
| 2. | Type of Accident   | ٠: | otil |
| 3. | Sequence of events leading to accident   |    | Ned  |
| 4. | Has the Authority been informed immediately                                    | :  | Nil  |
| 5. | The type of waste involved in accident   |    | Mil  |
| 5. | Assessment of the effects of the accidents on human health and the environment | •  | NII  |
| 7. | Emergency measures taken   |    | Nil  |
| 3. | Steps taken to alleviate the effects of accidents                              | •  | Mil  |
|    | Steps taken to prevent the recurrence of such an accident                      |    | Nd   |
| 0. | Does you facility has an<br>Emergency Control policy?<br>If yes give details   |    | Mel  |
|    |  |    |      |

Date Van 2023
Place Nou pelb.

Signature Must