FORM – I

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

ACCIDENT REPORTING

1. Date and time of accident: No Accidents Reported
2. Type of Accident: NA
3. Sequence of events leading to accident: NA
4. Has the Authority been informed immediately: NA
5. The type of waste involved in accident:NA
6. Assessment of the effects of the accidents on human health and the environment: NA
7. Emergency measures taken: NA
8. Steps taken to alleviate the effects of accidents: NA
9. Steps taken to prevent the recurrence of such an accident: NA
10. Does you facility has an Emergency Control policy? If yes give details: Yes

This hospital is having policies for the following:

1. Policy on Health and safety needs of staff
2. Fire and safety programme
3. Policy on NSI
4. Policy for blood and body fluid prevention
5. Management of incidents policy
6. Disaster management protocol
7. Hospital Emergency codes
8. Hazardous management programme
9. Programme on Risk management
10. Policy on sentinel events and near miss
11. Policy and procedure on crowd management
12. Spill management programme
13. Management for PEP

Date:02-07-2025 Signature:

Place: Aster PMF Hospital Designation: Unit Head

ASTER PMF HOSPITAL SASTHAMCOTTA