

FORM - I

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

ACCIDENT REPORTING

(To be submitted to Pondicherry Pollution Control Committee)

1	Date and time of accident	NIL
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 your facility has an Emergency Control Policy? If yes, give details	Yes; We have "Code Red" team in our hospital, which will meet every quarter and discuss the issues.

For AND ON BEHALF OF
M/s. AURO CARE PVT LTD.

T. Nalini

Managing Director

Date : 06/07/2021

Place: Pondicherry

Signature