

To,
M.S.
R.P.C.B
4 Jhalana Doughti
JAIPUR.

FORM - I

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

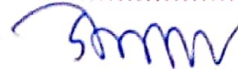
ACCIDENT REPORTING

1. Date and time of accident : 08-08-2018 at 2:00 pm
2. Type of Accident : FB in eye (bone piece)
3. Sequence of events leading to accident : During assisting in OT
4. Has the Authority been informed immediately YES
5. The type of waste involved in accident : Bone piece
6. Assessment of the effects of the accidents on human health and the environment: Serological investigation done
7. Emergency measures taken : PEP started
8. Steps taken to alleviate the effects of accidents : Psychological support and PEP given
9. Steps taken to prevent the recurrence of such an accident : Training given to prevent recurrence
And protective gears provided
10. Does you facility has an Emergency Control policy? If yes give details: YES

Date : 22/11/19 / 1963

Place: Jaipur

Signature



Designation- MEDICAL SUPERINTENDENT
INSTITUTE OF TRAUMA AND
ORTHOPEDIC SMS HOSPITAL
JAIPUR
Unit ID-75276