



MAX

Healthcare

Date -03rd May 2025

To,

The Member Secretary

Uttarakhand Environment Protection and Pollution Control Board

Dehradun, Uttarakhand-248001

The Regional Officer

Uttarakhand Environment Protection and Pollution Control Board

Dehradun, Uttarakhand-248001

SUBJECT: SUBMISSION OF ACCIDENTAL REPORT (FORM-I) OF BIO-MEDICAL WASTE (BMW FOR THE YEAR 2024.

Dear Sir,

We hereby submit the **Form I for Accidental reports (Bio-Medical Waste - BMW)** for the year 2022 (Jan 2024 to Dec 2024) for your kind information and needful considerations please.

You are therefore requested to acknowledge the same.

Annual Accidental Report BMW Attached – FORM – I [See rule 4(o), 5(i) and 15(2)]

Thanking you in anticipation.

Dr Sandeep Tanwar



Dr. Sandeep Singh Tanwar
Senior Vice/President
Hospital Operations
Max Super Speciality Hospital
Malsi, Mussoorie Diversion Road
Dehradun - 248001





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SUBJECT: SUBMISSION OF ACCIDENTAL REPORT (FORM-I) OF BIO-MEDICAL WASTE (BMW FOR THE YEAR 2024.

Dear Sir,

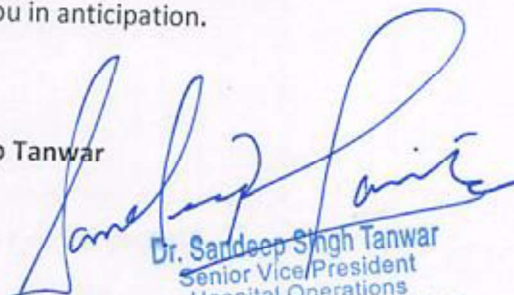
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You are therefore requested to acknowledge the same.

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Thanking you in anticipation.

Dr Sandeep Tanwar


Dr. Sandeep Singh Tanwar
Senior Vice/President
Hospital Operations
Max Super Speciality Hospital
Malsi, Mussoorie Diversion Road
Dehradun - 248001



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

ACCIDENT REPORTING

1. Date and time of accident : 15.11.24 1:15 pm
2. Type of Accident : NSI
3. Sequence of events leading to accident : Accidental
4. Has the Authority of been informed immediately: Emergency
5. The type of waste involved in accident : Needle
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : Hand wash with running water for 5 minutes
8. Steps taken to alleviate the effects of accidents : Investigation done
9. Steps taken to prevent the recurrence of such an accident : Training on NSI
10. Does your facility have Emergency Control policy?
If yes, give details : Not required

Date : 15.11.24

Place : Emergency (Dehradun)

Signature : 

Designation : Microbiologist



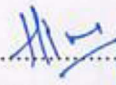
FORM - I
[See rule 4(o), 5(i) and 15(2)]

ACCIDENT REPORTING

1. Date and time of accident : 12.11.24 5:00pm
2. Type of Accident : Sharp Injury
3. Sequence of events leading to accident : Accidental
4. Has the Authority of been informed immediately: Emergency
5. The type of waste involved in accident : Needle
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : Inj. T.T
Report to ICN team
Serology investigation done
8. Steps taken to alleviate the effects of accidents : Serology done
9. Steps taken to prevent the recurrence of such an accident : Training
10. Does your facility have Emergency Control policy?
If yes, give details : ART provided

Date : 12.11.24

Place : Emergency

Signature : 

Designation : Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 12.11.24 10:45
2. Type of Accident : NSI
3. Sequence of events leading to accident : Accidental
4. Has the Authority of been informed immediately: Emergency
5. The type of waste involved in accident : Needle
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : leg wash with running water for 5 minutes.
8. Steps taken to alleviate the effects of accidents : serology done
9. Steps taken to prevent the recurrence of such an accident : Training on NSI
10. Does your facility have Emergency Control policy? If yes, give details : Not required

Date : 12.11.24

Place : Emergency (Dehradun)

Signature : 

Designation : microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 18.08.24 10:00 pm
2. Type of Accident : NSI
3. Sequence of events leading to accident : Accidental
4. Has the Authority of been informed immediately: Emergency
5. The type of waste involved in accident : Needle
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : Performed hand wash for 10 minutes under running water.
8. Steps taken to alleviate the effects of accidents : Serology sent.
9. Steps taken to prevent the recurrence of such an accident : Training on NSI
10. Does your facility have Emergency Control policy?
If yes, give details : Not required

Date : 18.08.24

Place : Emergency (Dehradun)

Signature : H. S.

Designation : Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 04.08.24 12:15pm
2. Type of Accident : NSI
3. Sequence of events leading to accident : Accidental
4. Has the Authority of been informed immediately: Emergency
5. The type of waste involved in accident : Needle
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : Hand wash with running water for 5 minutes
8. Steps taken to alleviate the effects of accidents : Serology done.
9. Steps taken to prevent the recurrence of such an accident : Training on NSI
10. Does your facility has Emergency Control policy?
If yes, give details : Not required.

Date : 04.08.24

Place : Emergency (Dehradun)

Signature : 

Designation : Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 20.06.24 1:00 pm
2. Type of Accident : Sharp object
3. Sequence of events leading to accident : Accidental
4. Has the Authority of been informed immediately: Emergency
5. The type of waste involved in accident : Sharp object
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : washed hands under running water, dressing applied on injured site, informed supervisor & ILO for further management.
8. Steps taken to alleviate the effects of accidents : serology done
9. Steps taken to prevent the recurrence of such an accident : Training to staff
10. Does your facility have Emergency Control policy?
If yes, give details : Not Required

Date : 20.06.24

Place : Emergency (Dehradun)

Signature

Designation



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

ACCIDENT REPORTING

1. Date and time of accident : 05.06.24 7:20 pm
2. Type of Accident : NSI
3. Sequence of events leading to accident : Accidental
4. Has the Authority of been informed immediately: Emergency
5. The type of waste involved in accident : Needle
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : Handwash with running water for 5 minutes
8. Steps taken to alleviate the effects of accidents : Viral marker sent
9. Steps taken to prevent the recurrence of such an accident : Training on NSI
10. Does your facility have Emergency Control policy?
If yes, give details : Not required

Date : 05.06.2024

Place : Emergency (Dehradun)

Signature

Designation

Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 15.05.24 11:00 am
2. Type of Accident : Sharp object.
3. Sequence of events leading to accident : Accidental
4. Has the Authority of been informed immediately: Emergency.
5. The type of waste involved in accident : Blade.
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : Immediate hand wash under running water & informed to ICN and supervisor.
8. Steps taken to alleviate the effects of accidents : Viral marker sent
9. Steps taken to prevent the recurrence of such an accident : Training
10. Does your facility have Emergency Control policy?
If yes, give details : Not required.

Date : 15.05.24.

Place : Emergency (Dehradun)

Signature : H17

Designation : Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 09.05.24 6:00 am
2. Type of Accident : NSI.
3. Sequence of events leading to accident : Accidental
4. Has the Authority of been informed immediately: Emergency.
5. The type of waste involved in accident : Needle.
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : Wash hands under running water
Reported to ICH & supervisors.
8. Steps taken to alleviate the effects of accidents : Blood samples sent to lab.
Viral markers sent to lab.
9. Steps taken to prevent the recurrence of such an accident : Training on NSI.
10. Does your facility have Emergency Control policy?
If yes, give details : Not required

Date : 09.05.24

Place : Emergency (Dehradun)

Signature

Designation

Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 30.04.24 2pm
2. Type of Accident : NSI
3. Sequence of events leading to accident : Accidental
4. Has the Authority of been informed immediately: Emergency
5. The type of waste involved in accident : Needle
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : Hand wash under running water
8. Steps taken to alleviate the effects of accidents : Investigation done
9. Steps taken to prevent the recurrence of such an accident : Training on NSI
10. Does your facility have Emergency Control policy?
If yes, give details : Not required (yes)

Date : 30.04.24

Place : Emergency (Dehradun)

Signature : H/V

Designation : Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 27.03.24
2. Type of Accident : NSI
3. Sequence of events leading to accident : performing percutaneous
biliary drainage on rectum
4. Has the Authority of been informed immediately: Emergency
5. The type of waste involved in accident : needle
6. Assessment of the effects of the accidents on human health and the environment : investigation done
7. Emergency measures taken : wash affected area with
running water
8. Steps taken to alleviate the effects of accidents : viral marker done
9. Steps taken to prevent the recurrence of such an accident : Training provide handling
of sharps
10. Does you facility has Emergency Control policy?
If yes, give details : yes

Date : 27.03.24

Place : Dehradun

Signature : 

Designation : Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 23.03.24 : 3.55 Am
2. Type of Accident : needle stick injury
3. Sequence of events leading to accident : while during procedure ✓
4. Has the Authority of been informed immediately: yes
5. The type of waste involved in accident : needle
6. Assessment of the effects of the accidents on human health and the environment : testing done
7. Emergency measures taken : wash hand with running water ✓
8. Steps taken to alleviate the effects of accidents : viral marker done
9. Steps taken to prevent the recurrence of such an accident : educate the handling of sharps
10. Does your facility has Emergency Control policy? If yes, give details : yes

Date : 23.03.24

Place : Emergency department

Signature : _____

Designation : _____



Microbiologist

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

ACCIDENT REPORTING

1. Date and time of accident : 19.02.24 8:07 AM
2. Type of Accident : needle stick injury
3. Sequence of events leading to accident : while transport the waste
4. Has the Authority of been informed immediately: yes
5. The type of waste involved in accident : sharps (needle)
6. Assessment of the effects of the accidents on human health and the environment : Testing done
7. Emergency measures taken : waste land atleast 5 mont-
8. Steps taken to alleviate the effects of accidents : sample sent
9. Steps taken to prevent the recurrence of such an accident : educate the staff regarding
use protocol
10. Does your facility has Emergency Control policy?
If yes, give details : yes

Date : 19.02.24

Place : Dehradun Emergency

Signature : HIL

Designation : Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : 9.02.24 4.10 PM
2. Type of Accident : NSE
3. Sequence of events leading to accident : Improper waste of disposal
4. Has the Authority of been informed immediately: yes
5. The type of waste involved in accident : needle (sharps)
6. Assessment of the effects of the accidents on human health and the environment : washed hand at least 10 min testing done
7. Emergency measures taken : wash hand with running water
8. Steps taken to alleviate the effects of accidents : simple suture
9. Steps taken to prevent the recurrence of such an accident : educate the staff while handling of sharps
10. Does your facility has Emergency Control policy?
If yes, give details : yes

Date : 09.02.24

Place : Dehradun. Conquer

Signature : 

Designation : Microbiologist



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

ACCIDENT REPORTING

1. Date and time of accident : ~~07.02.24~~ 07.02.24
2. Type of Accident : needle stick injury
3. Sequence of events leading to accident : during the sample patient suddenly move
4. Has the Authority of been informed immediately: yes
5. The type of waste involved in accident : sharps
6. Assessment of the effects of the accidents on human health and the environment : testing done
7. Emergency measures taken : wash hand with running water
8. Steps taken to alleviate the effects of accidents : serology sent done
9. Steps taken to prevent the recurrence of such an accident : educate the staff regarding WIS protocol
10. Does your facility have Emergency Control policy?
If yes, give details : yes

Date : 07.02.24

Place : Dehradun

Signature : 

Designation : 

