

Date – 02nd April 2026

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-2025.

Dear Sir,

We hereby submit the Form I for Accidental reports (Bio-Medical Waste - BMW) for the year 2025 (Jan-2025 to Dec 2025) 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

Sr VP Operations & Unit Head

Max Super Speciality Hospital Mussoorie Road Malsi Dehradun

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



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

ACCIDENT REPORTING

1. Date and time of accident : 25/01/25 @ 3pm
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : NON-ADHERANCE TO SHARP SAFETY POLICY.
4. Has the Authority of been informed immediately: YES.
5. The type of waste involved in accident : SHARP (STYLET).
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE.
7. Emergency measures taken : WASHED THE SITE UNDER RUNNING WATER. ASSESSED BY EMD.
8. Steps taken to alleviate the effects of accidents : VIRAL MARKERS SENT OF THE STAFF. (IMMUNIZATION AS REQUIRED).
9. Steps taken to prevent the recurrence of such an accident : RE-EDUCATION ON SHARP SAFETY.
10. Does you facility has Emergency Control policy?
If yes, give details : YES.

Date : 26/01/25

Place : DEHRADUN

Signature : 

Designation : MICROBIOLOGIST



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

ACCIDENT REPORTING

1. Date and time of accident : 22/02/25 @ 1PM
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : WHILE SHIFTING THE PATIENT FOR MRI
4. Has the Authority of been informed immediately: YES
5. The type of waste involved in accident : SHARP (NEEDLE)
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE
7. Emergency measures taken : SITE WASHED UNDER RUNNING WATER. ASSESSED BY EMO.
8. Steps taken to alleviate the effects of accidents : VIRAL MARKERS SENT. IMMUNIZATION AS PER NEED.
9. Steps taken to prevent the recurrence of such an accident : EDUCATION GIVEN ON SHARP-SAFETY.
10. Does your facility have Emergency Control policy?
If yes, give details : YES.

Date : 22/02/25

Place : DEHRADUN

Signature : 

Designation : MICROBIOLOGIST



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

ACCIDENT REPORTING

1. Date and time of accident : 10/2/25 @ 4PM
2. Type of Accident : NEEDLE STICK INJURY.
3. Sequence of events leading to accident : WHILE CLEANING PPC CONTAINERS IN DIALYSIS UNIT
4. Has the Authority of been informed immediately: YES
5. The type of waste involved in accident : SHARP (NEEDLE)
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE
7. Emergency measures taken : SITE WASHED UNDER RUNNING WATER TILL BLEEDING STOPPED. ASSESSED BY EMO.
8. Steps taken to alleviate the effects of accidents : VIRAL MARKERS SENT. IMMUNIZED AS REQUIRED.
9. Steps taken to prevent the recurrence of such an accident : TRAINING OF THE STAFF ON SHARP SAFETY AND USE OF PPE.
10. Does your facility has Emergency Control policy?
If yes, give details : YES.

Date : 10/2/25

Place : DEHRADUN

Signature

Designation


MICROBIOLOGIST

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

ACCIDENT REPORTING

1. Date and time of accident : 21/05/25 @ 4pm
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : WHILE CANNULIZATION.
4. Has the Authority of been informed immediately: YES .
5. The type of waste involved in accident : SHARP [STYLET]
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE
7. Emergency measures taken : WASHED SITE UNDER RUNNING WATER. ASSESSED BY EMO.
8. Steps taken to alleviate the effects of accidents : VIRAL MARKERS SENT . IMMUNIZED AS REQUIRED.
9. Steps taken to prevent the recurrence of such an accident : RE- EDUCATION OF STAFF ON SHARP- SAFETY
10. Does you facility has Emergency Control policy?
If yes, give details : YES

Date : 21/05/25

Place : DEHRADUN

Signature : Hing

Designation : MICROBIOLOGIST



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

ACCIDENT REPORTING

1. Date and time of accident : 29-05-25 @ 10:15 AM
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : WHILE PERFORMING CANNULIZATION
4. Has the Authority of been informed immediately: YES
5. The type of waste involved in accident : SHARP [STYLET]
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE
7. Emergency measures taken : WASHED SITE UNDER RUNNING WATER.
ASSESSED BY BMD.
8. Steps taken to alleviate the effects of accidents : URINAL MARKERS SENT.
IMMUNIZATION AS REQUIRED.
9. Steps taken to prevent the recurrence of such an accident : TRAINING ON PREVENTION OF NSI.
10. Does your facility have Emergency Control policy?
If yes, give details : YES.

Date : 29/5/25

Place : DEHRADUN

Signature : Hmd

Designation : MICROBIOLOGIST



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

ACCIDENT REPORTING

1. Date and time of accident : 25-05-25 @ 2PM
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : WHILE WITH-DRAWING BLOOD SAMPLE.
4. Has the Authority of been informed immediately: YES.
5. The type of waste involved in accident : SHARP (NEEDLE).
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE
7. Emergency measures taken : SITE WASHED UNDER RUNNING WATER.
ASSESSED BY EMO.
8. Steps taken to alleviate the effects of accidents : VIRAL MARKERS SENT.
IMMUNIZATION AS PER REQUIREMENT
9. Steps taken to prevent the recurrence of such an accident : TRAINING OF STAFF.
10. Does your facility has Emergency Control policy?
If yes, give details : YES.

Date : 30/5/25

Place : DEHRADUN

Signature : 

Designation : MICROBIOLOGIST



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

ACCIDENT REPORTING

1. Date and time of accident : 6/6/25 @ 2pm.
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : WHILE SEALING THE SHARP CONTAINER.
4. Has the Authority of been informed immediately: YES.
5. The type of waste involved in accident : SHARP [NEEDLE]
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE
7. Emergency measures taken : WASHED SITE UNDER RUNNING WATER.
ASSESSED BY EMO.
8. Steps taken to alleviate the effects of accidents : URAL MARKERS SENT.
IMMUNIZATION AS REQUIRED.
9. Steps taken to prevent the recurrence of such an accident : TRAINING ON HANDLING SHARPS.
10. Does you facility has Emergency Control policy?
If yes, give details : YES.

Date : 6/6/25

Place : DEHRADUN

Signature : 

Designation : MICROBIOLOGIST



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

ACCIDENT REPORTING

1. Date and time of accident : 14/06/25 @ 7:10AM
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : WHILE CANNULIZATION
4. Has the Authority of been informed immediately: YES
5. The type of waste involved in accident : SHARP [SYLET]
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE
7. Emergency measures taken : WASHED SITE UNDER RUNNING WATER AND ASSESSED BY EMO.
8. Steps taken to alleviate the effects of accidents : VIRAL MARKERS SENT.
IMMUNIZATION AS REQUIRED.
9. Steps taken to prevent the recurrence of such an accident : TRAINING ON SAFE INJECTION PRACTICES.
10. Does your facility has Emergency Control policy?
If yes, give details : YES.

Date : 14/06/25

Place : DEHRADUN

Signature : 

Designation : MICROBIOLOGIST



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

ACCIDENT REPORTING

1. Date and time of accident : 15-06-25 @ 4:30PM
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : BLOOD WITHDRAWAL
4. Has the Authority of been informed immediately: YES
5. The type of waste involved in accident : SHARP [STYLET]
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE
7. Emergency measures taken : WASHED SITE UNDER RUNNING WATER AND ASSESSED BY EMO.
8. Steps taken to alleviate the effects of accidents : TRAINING, URAL MARKERS SENT. IMMUNIZATION AS REQUIRED.
9. Steps taken to prevent the recurrence of such an accident : TRAINING OF STAFF
10. Does your facility has Emergency Control policy?
If yes, give details : YES.

Date : 15/06/25

Place : DEHRADUN

Signature : 

Designation : MICROBIOLOGIST



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

ACCIDENT REPORTING

1. Date and time of accident : 14/10/25 @ 10AM
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : ADMINISTERING INSULIN
4. Has the Authority of been informed immediately: YES.
5. The type of waste involved in accident : SHARP (FINE NEEDLE)
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE
7. Emergency measures taken : WASHED SITE WITH RUNNING WATER AND ASSESSED BY EMO.
8. Steps taken to alleviate the effects of accidents : URINAL MARKERS SENT. IMMUNIZATION AS REQUIRED.
9. Steps taken to prevent the recurrence of such an accident : TRAINING OF STAFF.
10. Does your facility has Emergency Control policy?
If yes, give details : YES.

Date : 14/10/25

Place : DEHRADUN

Signature

Designation



MICROBIOLOGIST

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

ACCIDENT REPORTING

1. Date and time of accident : 16/11/25 @ 1:13 PM
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : IMPROPER SEGREGATION.
4. Has the Authority of been informed immediately: YES.
5. The type of waste involved in accident : SHARP (NEEDLE)
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE
7. Emergency measures taken : WASHED SITE UNDER RUNNING WATER
ASSESSED BY EMO.
8. Steps taken to alleviate the effects of accidents : VIRAL MARKERS SENT
IMMUNIZATION AS PER REQUIREMENT
9. Steps taken to prevent the recurrence of such an accident : TRAINING DONE OF STAFF
10. Does you facility has Emergency Control policy?
If yes, give details : YES.

Date : 16/11/25

Place : DEHRADUN

Signature : 

Designation : MICROBIOLOGIST



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

ACCIDENT REPORTING

1. Date and time of accident : 17/12/25 @ 7:33pm
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : WHILE ADMINISTERING INSOLU.
4. Has the Authority of been informed immediately: YES.
5. The type of waste involved in accident : SHARP (FINE NEEDLE)
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE
7. Emergency measures taken : WASHED SITE UNDER RUNNING WATER
ASSESSED BY EMD.
8. Steps taken to alleviate the effects of accidents : VIRAL MARKERS SENT.
IMMUNIZATION AS REQUIRED.
9. Steps taken to prevent the recurrence of such an accident : TRAINING ON SHARP SAFETY
10. Does your facility has Emergency Control policy?
If yes, give details : YES.

Date : 17/12/25

Place : DEHRADUN

Signature

Designation



MICROBIOLOGIST

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

ACCIDENT REPORTING

1. Date and time of accident : 21/12/25 @ 4:49 PM
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : WHILE CANNULATION.
4. Has the Authority of been informed immediately: YES
5. The type of waste involved in accident : SHARP (STYLET)
6. Assessment of the effects of the accidents on human health and the environment : TESTING DONE
7. Emergency measures taken : WASHED SITE UNDER RUNNING WATER AND ASSESSED BY EMO.
8. Steps taken to alleviate the effects of accidents : VIRAL MARKERS SENT IMMUNIZATION AS REQUIRED.
9. Steps taken to prevent the recurrence of such an accident : TRAINING OF STAFF
10. Does your facility have Emergency Control policy?
If yes, give details : YES.

Date : 12/12/25

Place : DEHRADUN

Signature

Designation

