



HOLY FAMILY HOSPITAL

OKHLA ROAD, NEW DELHI-110 025

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Dated: 30th June, 2020

To,

The Appropriate Authority,

Delhi Pollution Control Committee

ISBT Building, Kashmere Gate, Delhi-110006

Subject: Accident Reporting

Dear Sir,

We are enclosing herewith Accident Report in Form-I for the period January, 2019 to December, 2019.

Thanking You

Yours Truly

Mr. Kannu Sharma

Quality Manager

Holy Family Hospital, Delhi

30/06/2020
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Form-I

(See Rule 4 (O), 55(i) and 15 (2))

ACCIDENT REPORTING

1. Date and Time of Accident: *NIL*
2. Type of Accident: *NIL*
3. Sequence of Events leading to accident: *NIL*
4. Has the Authority been informed immediately: *NIL*
5. The type of waste involved in accident: *NIL*
6. Assessment of the effect of the accident on human health and the environment: *NIL*
7. Emergency measures taken: *NIL*
8. Steps taken to alleviate the effect of accident: *NIL*
9. Steps taken to prevent the recurrence of such an accident: *NIL*
10. Does your facility has an Emergency control policy? If yes give details: *YES*

Date: *30/06/2020*

Place: *New Delhi*

Signature: *[Handwritten Signature]*

Designation:

Fr. GEORGE P.A.
DIRECTOR
HOLY FAMILY HOSPITAL
NEW DELHI-110025