

FORM 11
[See rule 22]

FORMAT FOR REPORTING ACCIDENT

[To be submitted by the facility or sender or receiver or transporter to the State Pollution Control Board]

1. The date and time of the accident :
2. Sequence of events leading to accident :
3. Details of hazardous and other wastes involved in accident :
4. The date for assessing the effects of the accident on health or the environment :
5. The emergency measures taken :
6. The steps taken to alleviate the effects of accidents :
7. The steps take to prevent the recurrence of such an accident :

Date:

Signature:

Place:

Designation:

[This is a form layout for understanding and in no way can be a substitute for original form](#)