

## Form – 14

[See rule 24]

[To be submitted by occupier or operator of a facility and the transporter to the SPCB/PCC]

1.	<b>The date and time of accident</b>	
2.	<b>Sequence of events leading to accident</b>	
3.	<b>The hazardous waste involvement in accident</b>	
4.	<b>The date for accessing the effects of the accident on health or the environment</b>	
5.	<b>The emergency measures taken</b>	
6.	<b>The steps taken to alleviate the effects of accidents</b>	
7.	<b>The steps taken to prevent the recurrence of such an accident</b>	

Place : \_\_\_\_\_

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Designation: \_\_\_\_\_