

To,
MS
RPCB, JHALANA, DOONGRI
JAIPUR

FORM - I

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

ACCIDENT REPORTING

D.N.
1723
29/02/19

1. Date and time of accident : 17-08-2018 at 8:35am
21-04-2018 at 11:00pm
13-03-2018
2. Type of Accident : Needle Stick Injury
3. Sequence of events leading to accident : During patients care
4. Has the Authority been informed immediately YES
5. The type of waste involved in accident : Needles
6. Assessment of the effects of the accidents on human health and the environment: Serological investigation done
7. Emergency measures taken : PEP started
8. Steps taken to alleviate the effects of accidents : Psychological support and PEP given
9. Steps taken to prevent the recurrence of such an accident : Training given to prevent recurrence
10. Does your facility has an Emergency Control policy? If yes give details: YES

Date : 29/02/2019

Place : JAIPUR

Signature

Designation- MEDICAL SUPERINTENDENT
SMS HOSPITAL JAIPUR

UNIT ID- 899