

**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]

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|----|---|---|
| 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:**