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 taken to prevent the recurrence of such an accident:

Date: Signature:
Place: Designation: