

To,  
The Regional Officer.  
U.P. Pollution Control Board.  
Kanpur Nagar.

Form - IV  
(See rule 13)

### ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF)]

Sl. No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	DIRECTOR-ADMINISTRATION DR. VIJAYALAKSHMI GOPAKUMAR
	(ii) Name of Health Care Facility		REGENCY HOSPITAL LTD.
	(iii) Address for Correspondence		A-2, SARUODAYA NAGAR, KANPUR 208005
	(iv) Address of Facility		— SAME AS ABOVE —
	(v) Tel. No, Fax. No		0512-3501421
	(vi) E-mail ID		Vijayalakshmi@regencyhealthcare.in
	(vii) URL of Website		www.regencyhealthcare.in
	(viii) GPS coordinates of Health Care Facility		26.480507, 80.301541
	(ix) Ownership of Health Care Facility		(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Authorisation No.: 30.12.2017 31.12.2025 valid up to 30.12.2028
	(xi). Status of Consents under Water Act and Air Act		Valid up to: 230028/UPPCB/Kanpur Nagar (UPPCB RO)/CTO/both/Kanpur Nagar/2024 29.02.2025 TO 31.12.2027
2	Type of Health Care Facility	:	MULTI SPECIALITY HOSPITAL
	(i) Bedded Hospital	:	No. of Beds: ..... 215
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any	:	N/A

Read  
27/5/25  
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कानपुर नगर

	other)																																		
	(iii) License number and its date of expiry		-																																
3	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 3064.2215 KG																																
			Red Category : 3004.882 KG																																
			White: 77.0975 KG																																
			Blue Category : 859.305 KG																																
			General Solid waste: -																																
4	Details of the Storage, treatment, transportation, processing and Disposal Facility																																		
	(i) Details of the on-site storage facility		Size : 11.8' X 4.3'																																
			Capacity : -																																
			Provision of on-site storage : (cold storage or any other provision) N/A DAILY PICKUP																																
	(ii) disposal facilities		<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>02</td> <td>200KG/HRS</td> <td>-</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>Autoclaves</td> <td>01</td> <td>500 kg/batch</td> <td></td> </tr> <tr> <td>Microwave</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>Hydroclave</td> <td>X</td> <td>X</td> <td>X</td> </tr> <tr> <td>Shredder</td> <td>01</td> <td>100KG/HRS</td> <td>X</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>01</td> <td>250KG/HRS</td> <td>X</td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators	02	200KG/HRS	-	Plasma Pyrolysis	X	X	X	Autoclaves	01	500 kg/batch		Microwave	X	X	X	Hydroclave	X	X	X	Shredder	01	100KG/HRS	X	Needle tip cutter or destroyer	01	250KG/HRS	X
Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum																																
Incinerators	02	200KG/HRS	-																																
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Hydroclave	X	X	X																																
Shredder	01	100KG/HRS	X																																
Needle tip cutter or destroyer	01	250KG/HRS	X																																

			Sharps Encapsulation or concrete pit	01	200 LTR	
			Deep burial pits	—	—	—
			Chemical disinfection	01	1000 LTR	—
			Any other treatment equipment	—	—	—
	(iii) Quantity of recyclable wastes sold to authorised recyclers after treatment in kg per annum.		Red Category (like plastic, glass etc.)  SUBJECT TO MPCC			
	(iv) No of vehicles used for collection and transportation of biomedical waste		SUBJECT TO MPCC			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Incineration & Ash ETP Sludge	Quantity Generated	where Disposed	
			SUBJECT	TO MPCC		
	(vii) List of member HCF not handed over bio-medical waste.		N/A			
5	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		N/A			
6	Details trainings conducted on BMW					
	(i) Number of trainings conducted on BMW Management.		10			
	(ii) number of personnel trained		389 STAFF			
	(iii) number of personnel trained at the time of induction		ALL			
	(iv) number of personnel not undergone any training so far		NA			
	(v) whether standard manual for					



	training is available?		YES (PART OF INFECTION CONTROL MANUAL)
	(vi) any other information)		
7	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		10
	(ii) Number of the persons affected		10
	(iii) Remedial Action taken (Please attach details if any)		YES (ATTACHED)
	(iv) Any Fatality occurred, details.		—
8	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		SUBJECT TO MPCC
	Details of Continuous online emission monitoring systems installed		SUBJECT TO MPCC
9	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		O.T AVAILABLE
10	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
11	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from 01-JANUARY 2024 TO 31-DECEMBER-2024

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.....  
.....  
.....

Name and Signature of the Head of the

Institution

Date: 27.05.2025

Place KANPUR

Dr. Vijayalakshmi Gopakumar  
Director- Administration & Quality  
Regency Hospital Ltd.  
A-2, Sarvodaya Nagar  
Kanpur-208005



**FORM FOR NEEDLE-STICK / SHARP INJURIES/ BLOOD & BODY FLUID EXPOSURE**

Employee Code **11062**

Name of the Employee **PUSHPRAT KUMAR**  
Designation & Duty Area **Staff Nurse & General ward - 1**

- 1) Date of sharp injury or exposure **29/05/24**  
2) Date of Reporting to casualty **29/05/24**  
3) Hepatitis B vaccination status of employee -

1. One dose  
2. Two dose  
3. Three dose  
4. No dose

- 4) Last Hbs Ag Antibody titre report with the date **2/5/24**  
Present screening of test reports

- HIV  
2. HCV  
3. HbsAg (optional)

- 6) Was the Source Patient Identifiable? (Tick one box only)  
☒ Yes ☐ No ☐ Unknown ☐ Not Applicable

- 7) The Sharp Item was : (Tick one box only)  
☒ Contaminated (known exposure to patient or contaminated equipment) → Was there blood on the device? Yes / No  
☒ Uncontaminated (no known exposure to patient or contaminated equipment)  
☐ Unknown

- 8) Did the Injury Occur? (Tick one box only)  
☒ Before Use of Item (item broke/slipped, assembling device, etc.)  
☐ During Use of Item (item slipped, patient jarred item, etc.)  
☐ In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.)  
☐ While Recapping Used Needle

- What Type of Device Caused the Injury? (Tick one box only)  
☒ Needle- Hollow Bore  
☐ Surgical  
☐ Glass

- a) Which Device Caused the Injury?  
☒ Needle  
☐ Surgical Instrument  
☐ Glassware  
☐ Other metal sharp

- 10) Was the Injury? (Tick one box only)  
☐ Superficial (little or no bleeding)  
☒ Moderate (skin punctured, some bleeding)  
☐ Severe (deep stick/cut, or profuse bleeding)
- 11) If Injury was to the hand, did the Sharp Item Penetrate? (Tick one box only)  
☐ Single pair of gloves  
☐ Double pair of gloves  
☒ No gloves

Signature of E.M.O. **[Signature]**

Emergency Medical Officer  
Regency Hospital, RHH/Eng/JN  
A-2, Sarodey Nagar, Kanpur

Rev. 1.1-21/05/2019

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# FORM FOR NEEDLE STICK / SHARP INJURIES/ BLOOD & BODY FLUID EXPOSURE

Name of the Employee CHITRESH SAXENA Employee Code 4297  
Designation & Duty Area Sr. Tech.

1) Date of sharp injury or exposure 11/09/24  
2) Date of Reporting to casualty 11/09/24  
3) Hepatitis B vaccination status of employee -

☒ 1. One dose ☒ 2. Two dose ☒ 3. Three dose 4. No dose  
4) Last Hbs Ag Antibody titre report with the date N/A

Present screening of test reports  
1. HIV 2. HCV ☒ 3. HbsAg (optional)

6) Was the Source Patient Identifiable? (Tick one box only)  
☐ Yes ☒ No ☐ Unknown ☐ Not Applicable

7) The Sharp Item was : (Tick one box only)  
☒ Contaminated (known exposure to patient or contaminated equipment) → Was there blood on the device? Yes / No  
☐ Uncontaminated (no known exposure to patient or contaminated equipment)  
☐ Unknown

8) Did the Injury Occur? (Tick one box only)  
☐ Before Use of Item (item broke/slipped, assembling device, etc.)  
☐ During Use of Item (item slipped, patient jarred item, etc.)  
☐ In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.)  
☐ While Recapping Used Needle  
☐ Device Left on Floor, Table, Bed or Other Inappropriate Place  
☒ After Use-Before Disposal (in transit to trash, cleaning, sorting etc.)  
☐ Other : Describe


What Type of Device Caused the Injury? (Tick one box only)  
☒ Needle- Hollow Bore ☒ Surgical blade  
☐ Glass

a) Which Device Caused the Injury?  
☐ Needle ☐ Glassware  
☒ Surgical Instrument blade ☒ Other metal sharp

10) Was the Injury? (Tick one box only)  
☒ Superficial (little or no bleeding)  
☐ Moderate (skin punctured, some bleeding)  
☐ Severe (deep stick/cut, or profuse bleeding)

11) If injury was to the hand, did the Sharp Item Penetrate? (Tick one box only)

☒ Single pair of gloves  
☐ Double pair of gloves  
☐ No gloves

Signature of E.M.O. 

Rev. 1.1-21/05/2019

Emergency Medicine  
Regency Hospital Ltd  
A-2, Sarvodaya Nagar, Kar

be reported within three days for correction. No compensation liability stands.

**NOT FOR MEDICO LEGAL PURPOSE**



**FORM FOR NEEDLE STICK / SHARP INJURIES/ BLOOD & BODY FLUID EXPOSURE**

Name of the Employee ..... Pamji ..... Employee Code ..... 3572 .....  
Designation & Duty Area ..... OPD. .....

1) Date of sharp injury or exposure ..... 08/09/24 .....  
2) Date of Reporting to casualty ..... 08/09/24 .....

3) Hepatitis B vaccination status of employee -

1. One dose ..... 2. Two dose ..... 3. Three dose ..... 4. No dose .....

4) Last Hbs Ag Antibody titre report with the date ..... 2022 .....

F. Present screening of test reports

HIV ..... 2. HCV ..... 3. HbsAg (optional) ..... NO .....

6) Was the Source Patient Identifiable? (Tick one box only)

☒ Yes ..... ☐ No ..... ☐ Unknown ..... ☐ Not Applicable .....

7) The Sharp Item was : (Tick one box only)

☒ Contaminated (known exposure to patient or contaminated equipment) → Was there blood on the device? Yes / No .....  
☐ Uncontaminated (no known exposure to patient or contaminated equipment) .....  
☐ Unknown .....

8) Did the Injury Occur? (Tick one box only)

☐ Before Use of Item (item broke/slipped, assembling device, etc.) ..... ☐ Device Left on Floor, Table, Bed or Other Inappropriate Place .....  
☐ During Use of Item (item slipped, patient jarred item, etc.) ..... ☒ After Use-Before Disposal (in transit to trash, cleaning, sorting etc.) .....  
☐ In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.) ..... ☐ Other : Describe .....  
☐ While Recapping Used Needle .....

What Type of Device Caused the Injury? (Tick one box only)

☒ Needle- Hollow Bore ..... ☐ Surgical ..... ☐ Glass .....

a) Which Device Caused the Injury?

☒ Needle ..... ☐ Glassware .....  
☐ Surgical Instrument ..... ☐ Other metal sharp .....

10) Was the Injury? (Tick one box only)

☐ Superficial (little or no bleeding) .....  
☒ Moderate (skin punctured, some bleeding) .....  
☐ Severe (deep stick/cut, or proluse bleeding) .....

11) If Injury was to the hand, did the Sharp Item Penetrate? (Tick one box only)

☐ Single pair of gloves .....  
☐ Double pair of gloves .....  
☒ No gloves .....

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Signature of E.M.O. ....

Emergency Medical Officer

Regency Hospital Ltd  
A-2, Sarvodaya Nagar, Kanpur

**FORM FOR NEEDLE STICK / SHARP INJURIES/ BLOOD & BODY FLUID EXPOSURE**

Name of the Employee ANIL KUMAR Employee Code ST00890  
Designation & Duty Area ANM 2nd year - STUWENT Passed in previous exam

- 1) Date of sharp injury or exposure 2.8.24
- 2) Date of Reporting to casualty 2.8.24 *employee doesn't recall the date of vaccination*
- 3) Hepatitis B vaccination status of employee - *not recalled*
  1. One dose
  2. Two dose
  3. Three dose
  4. No dose
- 4) Last Hbs Ag Antibody titre report with the date not done
- 5) Present screening of test reports 2. HCV 3. HbsAg (optional)
- 6) Was the Source Patient Identifiable? (Tick one box only)
 

☐ Yes
☒ No
☐ Unknown
☐ Not Applicable
- 7) The Sharp Item was : (Tick one box only)
 

☐ Contaminated (known exposure to patient or contaminated equipment) → Was there blood on the device? Yes / No  
☒ Unknown  
☐ Contaminated (no known exposure to patient or contaminated equipment)

☐ Device Left on Floor, Table, Bed or Other Inappropriate Place  
☒ After Use-Before Disposal (in transit to trash, cleaning, sorting etc.)  
☐ Other : Describe .....
- 8) Did the Injury Occur? (Tick one box only)
 

☐ Before Use of item (item broken/slipped, assembling device, etc.)  
☐ During Use of item (item slipped, patient jarred item, etc.)  
☐ In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.)  
☐ While Recapping Used Needle

☐ Needle- Hollow Bore  
☒ Surgical  
☐ Glass
- 9) What Type of Device Caused the Injury? (Tick one box only)
 

☒ Needle  
☐ Surgical Instrument

☐ Glassware  
☐ Other metal sharp
- 10) Was the Injury? (Tick one box only)
 

☒ Superficial (little or no bleeding)  
☐ Moderate (skin punctured, some bleeding)  
☐ Severe (deep stickcut, or profuse bleeding)

☐ Single pair of gloves  
☐ Double pair of gloves  
☒ No gloves
- 11) If Injury was to the hand, did the Sharp Item Penetrate? (Tick one box only)

Rev. 1.1-21/05/2019

A-4, Sarvodaya Nagar, Kanpur  
T | 0512-3502525

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Signature of E.M.O. *[Signature]*  
**Emergency Medical Of**  
**Regency Hospital Ltd**  
A-2, Sarvodaya Nagar, Kanpur



**FORM FOR NEEDLE STICK / SHARP INJURIES/ BLOOD & BODY FLUID EXPOSURE**

Name of the Employee ..... Dr. Pooja ..... Employee Code ..... 6387 .....  
Designation & Duty Area ..... MRI Dept ..... Supervising ..... (Office / PT. Helpdesk)

1) Date of sharp injury or exposure ..... 12/9/24 .....  
2) Date of Reporting to casualty ..... 13/9/24 .....  
3) Hepatitis B vaccination status of employee -

1. One dose                      2. Two dose                      3. Three dose                      4. No dose  
4) Last Hbs Ag Antibody titre report with the date ..... Done .....

Present screening of test reports  
1. HIV                      2. HCV                      3. HbsAg (optional)

6) Was the Source Patient identifiable? (Tick one box only)  
☒ Yes                      ☐ No                      ☐ Unknown                      ☐ Not Applicable

7) The Sharp Item was : (Tick one box only)  
☐ Contaminated (known exposure to patient or contaminated equipment) → Was there blood on the device? Yes / No  
☒ Uncontaminated (no known exposure to patient or contaminated equipment)  
☐ Unknown

8) Did the Injury Occur? (Tick one box only)  
☐ Before Use of Item (Item broke/slipped, assembling device, etc.)  
☐ During Use of Item (Item slipped, patient jarred item, etc.)  
☐ In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.)  
☐ Device Left on Floor, Table, Bed or Other Inappropriate Place  
☒ After Use-Before Disposal (in transit to trash, cleaning, sorting etc.)  
☐ Other : Describe .....

☐ While Recapping Used Needle

What Type of Device Caused the Injury? (Tick one box only)

☒ Needle- Hollow Bore  
☐ Surgical  
☐ Glass

a) Which Device Caused the Injury?

☒ Needle                      ☐ Glassware  
☐ Surgical Instrument                      ☐ Other metal sharp

10) Was the Injury? (Tick one box only)

☒ Superficial (little or no bleeding)  
☐ Moderate (skin punctured, some bleeding)  
☐ Severe (deep stickcut, or profuse bleeding)

11) If Injury was to the hand, did the Sharp Item Penetrate? (Tick one box only)

☐ Single pair of gloves  
☐ Double pair of gloves  
☒ No gloves

Rev. 1.1-21/05/2019

Signature of Employee .....

Emergency Medical Officer  
ReGENCY Hospital Ltd.  
Sarvodaya Nagar, Kanpur

RHL/Emg./FM/26

# FORM FOR NEEDLE STICK / SHARP INJURIES/ BLOOD & BODY FLUID EXPOSURE

Name of the Employee Miss Archana Mawya Employee Code STD (NURSE), STD0267  
Designation & Duty Area IC.U.I

1) Date of sharp injury or exposure 13/09/2024  
2) Date of Reporting to casually 13/09/2024  
3) Hepatitis B vaccination status of employee -

1. One dose      2. Two dose      3. Three dose      4. No dose  
4) Last Hbs Ag Antibody titre report with the date .....  
5) Present screening of test reports  
HIV      2. HCV      3. HbsAg (optional)

6) Was the Source Patient identifiable? (Tick one box only)  
☒ Yes      ☐ No      ☐ Unknown      ☐ Not Applicable

7) The Sharp Item was : (Tick one box only)  
☐ Contaminated (known exposure to patient or contaminated equipment) → Was there blood on the device? Yes / No  
☒ Uncontaminated (no known exposure to patient or contaminated equipment)  
☐ Unknown

8) Did the Injury Occur? (Tick one box only)  
☐ Before Use of Item (item broke/slipped, assembling device, etc.)  
☐ During Use of Item (item slipped, patient jarred item, etc.)  
☐ In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.)  
☐ While Recapping Used Needle

9) What Type of Device Caused the Injury? (Tick one box only)  
☒ Needle- Hollow Bore  
☐ Surgical  
☐ Glass  
☐ Glassware  
☐ Other metal sharp

a) Which Device Caused the Injury?  
☒ Needle  
☐ Surgical Instrument

10) Was the Injury? (Tick one box only)

☒ Superficial (little or no bleeding)  
☐ Moderate (skin punctured, some bleeding)  
☐ Severe (deep stickcut, or profuse bleeding)

11) If injury was to the hand, did the Sharp Item Penetrate? (Tick one box only)  
☐ Single pair of gloves  
☐ Double pair of gloves  
☒ No gloves

Signature of E.M.O. ....

Rev. 1.1-21/05/2019

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Emergency Medical Offi  
Regency Hospital Ltd  
A-2, Sarvodaya Nagar, Kan  
10 am to 4:30 pm (Mon to Sat)



**FORM FOR NEEDLE STICK / SHARP INJURIES/ BLOOD & BODY FLUID EXPOSURE**

Name of the Employee K.A.NI SHIKHA PATEL Employee Code 10326  
Designation & Duty Area LAB TECHNICIAN, BLOOD BANK

1) Date of sharp injury or exposure 07/12/24  
2) Date of Reporting to casualty 07/12/24  
3) Hepatitis B vaccination status of employee -

1. One dose      2. Two dose      ☒ 3. Three dose      4. No dose  
4) Last Hbs Ag Antibody titre report with the date .....  
Present screening of test reports  
1. HIV      2. HCV      3. HbsAg (optional)

6) Was the Source Patient Identifiable? (Tick one box only)  
☒ Yes      ☐ No      ☐ Unknown      ☐ Not Applicable

7) The Sharp Item was : (Tick one box only)  
☒ Contaminated (Known exposure to patient or contaminated equipment) → Was there blood on the device? Yes / No  
☐ Uncontaminated (no known exposure to patient or contaminated equipment)  
☐ Unknown

8) Did the injury Occur? (Tick one box only)  
☐ Before Use of item (item broke/slipped, assembling device, etc.)      ☐ Device Left on Floor, Table, Bed or Other Inappropriate Place  
☐ During Use of item (item slipped, patient jarred item, etc.)      ☒ After Use-Before Disposal (in transit to trash, cleaning, sorting etc.)  
☐ In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.)      ☐ Other : Describe .....  
☐ While Recapping Used Needle

9) What Type of Device Caused the Injury? (Tick one box only)  
☒ Needle-Hollow Bore  
☐ Surgical  
☐ Glass

a) Which Device Caused the Injury?  
☒ Needle      ☐ Glassware  
☐ Surgical Instrument      ☐ Other metal sharp

10) Was the Injury? (Tick one box only)  
☐ Superficial (little or no bleeding)  
☒ Moderate (skin punctured, some bleeding)  
☐ Severe (deep stick/cut, or profuse bleeding)

11) If Injury was to the hand, did the Sharp Item Penetrate? (Tick one box only)  
☐ Single pair of gloves  
☐ Double pair of gloves  
☒ No gloves

Inj T.T. 0.5 mg /m STAT Signature of E.

1.1-21/05/2019

T | 0512-3502525

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RHL/Emg./FM/26



*A new sur*  
**FORM FOR NEEDLE STICK / SHARP INJURIES/ BLOOD & BODY FLUID EXPOSURE**

Name of the Employee S. PHAMANNIA Employee Code 807  
Designation & Duty Area 07.

- 1) Date of sharp injury or exposure 16.10.24  
2) Date of Reporting to casualty 16.10.24  
3) Hepatitis B vaccination status of employee -

1. One dose      2. Two dose      3. ☒ Three dose      4. No dose

4) Last Hbs Ag Antibody titre report with the date .....

5) Present screening of test reports

- ☒ 1. HIV      2. HCV      3. HbsAg (optional)

6) Was the Source Patient Identifiable? (Tick one box only)

- ☒ Yes      ☐ No      ☐ Unknown      ☐ Not Applicable

7) The Sharp Item was : (Tick one box only)

- ☒ Contaminated (known exposure to patient or contaminated equipment) → Was there blood on the device? Yes / No  
☐ Uncontaminated (no known exposure to patient or contaminated equipment)  
☐ Unknown

8) Did the Injury Occur? (Tick one box only)

- ☐ Before Use of Item (item broke/slipped, assembling device, etc.)  
☐ During Use of Item (item slipped, patient jarred item, etc.)  
☐ In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.)  
☐ While Recapping Used Needle  
☐ Device Left on Floor, Table, Bed or Other Inappropriate Place  
☒ After Use-Before Disposal (in transit to trash, cleaning, sorting etc.)  
☐ Other : Describe .....

9) What Type of Device Caused the Injury? (Tick one box only)

- ☒ Needle- Hollow Bore  
☐ Surgical  
☐ Glass

*Suture Needle*

a) Which Device Caused the Injury?

- ☒ Needle      ☐ Glassware  
☐ Surgical Instrument      ☐ Other metal sharp

10) Was the Injury? (Tick one box only)

- ☐ Superficial (little or no bleeding)  
☒ Moderate (skin punctured, some bleeding)  
☐ Severe (deep stick/cut, or profuse bleeding)

11) If injury was to the hand, did the Sharp Item Penetrate? (Tick one box only)

- ☐ Single pair of gloves  
☒ Double pair of gloves  
☐ No gloves

Emergency Medical Officer  
Regency Hospital Ltd.  
B.T.O. & MICROBIOLOGIST  
Signature *[Signature]*

Rev. 1.1-21/05/2019

RHL/Emg./FM/

\*NOTE: This report is to help clinicians for better patient management. Discrepancies due to technical or typing errors should be reported within three days for correction. No compensation liability stands.

**NOT FOR MEDICO LEGAL PURPOSE**

**FORM FOR NEEDLE STICK / SHARP INJURIES/ BLOOD & BODY FLUID EXPOSURE**

Name of the Employee ..... Kamla ..... Employee Code ..... 100473 .....  
Designation & Duty Area ..... Emergency Housekeeping .....

1) Date of sharp injury or exposure ..... 28/9/24 .....  
2) Date of Reporting to casualty ..... 28/9/24 .....  
3) Hepatitis B vaccination status of employee -

1. One dose ..... 2. Two dose ..... 3. Three dose ..... 4. No dose .....  
Not known

4) Last Hbs Ag Antibody titre report with the date .....  
5) Present screening of test reports .....  
N: HIV ..... 2. HCV ..... 3. HbsAg (optional) .....

6) Was the Source Patient identifiable? (Tick one box only)  
☐ Yes ☐ No ☒ Unknown ☐ Not Applicable

7) The Sharp Item was : (Tick one box only) → Was there blood on the device? Yes/No  
☒ Contaminated (known exposure to patient or contaminated equipment) .....  
☐ Uncontaminated (no known exposure to patient or contaminated equipment) .....  
☐ Unknown .....  
8) Did the Injury Occur? (Tick one box only)  
☐ Before Use of Item (item broke/slipped, assembling device, etc.) .....  
☐ During Use of Item (item slipped, patient/jarred item, etc) .....  
☐ In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.) .....  
☐ While Recapping Used Needle .....  
☐ Device Left on Floor, Table, Bed or Other Inappropriate Place .....  
☒ After Use-Before Disposal (in transit to trash, cleaning, sorting etc.) .....  
☐ Other : Describe .....

9) What Type of Device Caused the Injury? (Tick one box only)  
☒ Needle- Hollow Bore .....  
☐ Surgical .....  
☐ Glass

a) Which Device Caused the Injury?  
☒ Needle .....  
☐ Surgical Instrument .....  
☐ Glassware .....  
☐ Other metal sharp .....

10) Was the Injury? (Tick one box only)  
☐ Superficial (little or no bleeding)  
☒ Moderate (skin punctured, some bleeding)  
☐ Severe (deep stickcut, or profuse bleeding)  
11) If Injury was to the hand, did the Sharp Item Penetrate? (Tick one box only)  
☐ Single pair of gloves  
☐ Double pair of gloves  
☒ No gloves

Signature of Emergency Medical Officer  
[Signature]  
Emergency Medical Officer  
Regency Hospital Ltd.  
Sharose Nagar, Hampur  
RHL/Emg./FM/



**FORM FOR NEEDLE STICK / SHARP INJURIES/ BLOOD & BODY FLUID EXPOSURE**

Name of the Employee Mrs. Nishi chaurasiya Employee Code B. Sc. N. ID. No. 5106  
Designation & Duty Area MDU

- 1) Date of sharp injury or exposure 09/05/2024  
2) Date of Reporting to casualty 09/05/2024  
3) Hepatitis B vaccination status of employee -

1. One dose 2. Two dose 3. Three dose 4. No dose  
4) Last Hbs Ag Antibody titre report with the date no  
5) Present screening of test reports  
MHV 2. HCV 3. HbsAg (optional)

Was the Source Patient Identifiable? (Tick one box only)  
☒ Yes ☐ No ☐ Unknown ☐ Not Applicable

7) The Sharp Item was : (Tick one box only)

- ☒ Contaminated (known exposure to patient or contaminated equipment) → Was there blood on the device? Yes / No  
☐ Uncontaminated (no known exposure to patient or contaminated equipment)  
☐ Unknown

8) Did the Injury Occur? (Tick one box only).

- ☐ Before Use of Item (item broke/slipped, assembling device, etc.) ☐ Device Left on Floor, Table, Bed or Other Inappropriate Place  
☐ During Use of Item (item slipped, patient jarred item, etc.) ☒ After Use-Before Disposal (in transit to trash, cleaning, sorting etc.)  
☐ In Preparation for Reuse of Reusable Instrument (sorting, disinfecting, sterilizing, etc.)  
☐ Other : Describe .....

☐ While Recapping Used Needle

9) What Type of Device Caused the Injury? (Tick one box only) ☒ Needle- Hollow Bore  
☐ Surgical  
☐ Glass

a) Which Device Caused the Injury?

- ☒ Needle ☐ Glassware  
☐ Surgical Instrument ☐ Other metal sharp

10) Was the Injury? (Tick one box only).

- ☒ Superficial (little or no bleeding)  
☐ Moderate (skin punctured, some bleeding)  
☐ Severe (deep stickcut, or profuse bleeding)

11) If Injury was to the hand, did the Sharp Item Penetrate? (Tick one box only)

- ☐ Single pair of gloves  
☐ Double pair of gloves  
☒ No gloves

Signature of E.M.O. ....

*[Signature]*

Rev. 1.1-21/05/2019

RHL/Emg./FM

T | 0512-3502525

10:00 am to 12:00 pm (Mon to Sat)