

**SCHEDULE IV**  
**[See rule 8(3) and (5)]**  
**Part A**

**LABEL FOR BIO-MEDICAL WASTE CONTAINERS or BAGS**



HANDLE WITH CARE

**CYTOTOXIC HAZARD SYMBOL**



HANDLE WITH CARE

**Part B**

**LABEL FOR TRANSPORTING BIO-MEDICAL WASTE BAGS OR CONTAINERS**

Day .....Month .....

Year .....

Date of generation .....

Waste category Number .....

Waste quantity.....

Sender's Name and Address

Phone Number .....

Fax Number.....

Contact Person .....

In case of emergency please contact :

Name and Address :

Phone No.

Note :Label shall be non-washable and prominently visible.

Receiver's Name and Address:

Phone Number .....

Fax Number .....

Contact Person .....

**FORM – I**  
**[ (See rule 4(o), 5(i) and 15 (2))**

**ACCIDENT REPORTING**

1. Date and time of accident :
2. Type of Accident :