

FORM II
(See Rule 10)

ANNUAL REPORT

(To be submitted to the prescribed authority by 31 January every year).

1. Particulars of the applicant -

- (i) Name of the authorised person (occupier/operator).
- (ii) Name of the institution
- Address
- Tel. No.
- Telex No.
- Fax No.

Dr Sameer Vinayak Kulkarni
 International Hospital (Fortis hos
 Opp. AHMC Market, Ball Bazar, Shill
 Kalyan (W)
 0261-6694444
 0261-6694242

2. Categories of waste generated and quantity on a monthly average basis
 Brief details of the treatment facility -

Cat 1 - 480 Kg
 Cat 3 - 300 Kg
 Cat 4 - 383 Kg (sharp cont.) + 559 Kg (W)
 Cat 7 - 1064 Kg

3. Name of off-site facility -

- (i) Name of the operator
- (ii) Name and address of the facility
- Tel. No.
- Telex No.
- Fax No.

En-vision Enviro Engineers (P) Ltd
 CBWTF, Adharwadi Jail Road,
 Umbarde Gaon, Kalyan (W) 4213
 8888182878

4. Category-wise quantity of waste treated

KDMC Plant
 Handed over to Envision Enviro
 Engineers (P) Ltd

5. Mode of treatment with details

6. Any other information

7. Certified that the above report is for the period from

1st January 2016 - 31st December 2016

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 Date: 10/2/2017
 Place: Kalyan.



Signature *[Signature]*
 Designation Facility Director

FORM III
(See Rule 12)

ACCIDENT REPORTING

10/2/17
 मादेशिक कार्यालय, कल्याण
 म.प्र. नि. मंडळ,
 विधी विभागाक संकुल,
 128/82/1 नजला, सोक बाग,
 रत्नना रोड, कल्याण (W)
 जिल्हा बाणे

- 1. Date and time of accident
- 2. Sequence of events leading to accident
- 3. Waste involved in accident
- 4. Assessment of the effects of the accidents on human health and the environment
- 5. Emergency measures taken
- 6. Steps taken to alleviate the effects of accident.
- 7. Step taken to prevent the recurrence of such an accident.

one accident on 28/4/2016 - N
 to Housekeeping staff.

Details attached for the
 month of April 2016.
 Rest of the months NIL
 accidents reported

Date 10/2/2017
 Place Kalyan.

Signature *[Signature]*
 Designation M.S.

STATIONERY FOR REPORTS & BILLING ONLY

ACCIDENT REPORTING

April - 2016

1. Date and time of accident: 28/4/2016

2. Sequence of events leading to accident:

Accidental disposal of sharps done in Red liner from the ward

 ↓
 Housekeeping staff got sharp injury on his finger, penetrating from the gloves at waste disposal storage area while removing waste from storage area.

3. The waste involved in accident: Needle which was accidently disposed in liner

4. Assessment of the effects of the accidents on human health and the environment: RCA for the same was done and measures taken for the same

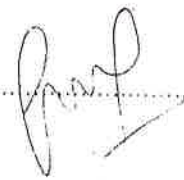
5. Emergency measures taken: NSI protocol was followed by the staff and immediately consulted by the CMO on duty and Inj. TT was given

6. Steps taken to alleviate the effects of accidents: As per the regimen his viral markers were checked which was negative and according to exposure coding patient was started on Tab. Zepdon 400mg 1-0-1 and Tenvir EM 1-0-0 for one month.

7. Steps taken to prevent the recurrence of such an accident: Training and debriefing for all healthcare workers on disposal of wastes as per the recommendation and careful handling of wastes with all PPE


Date: 2-05-2016

Signature.....



Place: Kalyan

Designation: Infection Control Nurse


 02-5-16
 ०२-०५-१६
 रीटिडिग मीडिकल कालेज
 कल्याण महानगर
 कल्याण