

FORM IV
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) or common bio-medical waste treatment facility (CBWTF)]

S.No	Particulars	
1.	Particulars of the Occupier	: FORTIS HEALTHCARE LTD
	(i) Name of the authorised person (occupier or operator of facility)	: DR. SANJAY PANDAY
	(ii) Name of HCF or CBMWTF	: FORTIS HEALTHCARE LTD
	(iii) Address for Correspondence	: 23/1, ARCOF ROAD, VADAPALAM, CH-26
	(iv) Address of Facility	: 23/1, ARCOF ROAD, VADAPALAM, CH-26
	(v) Tel. No, Fax. No	: 044-40204444 / 40204100
	(vi) E-mail ID	: enquiry.vadapalavi@fortishealthcare.com
	(vii) URL of Website	: fortischennai.com
	(viii) GPS coordinates of HCF or CBMWTF	: -
	(ix) Ownership of HCF or CBMWTF	: (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.: 19BA217069399valid up to .MARCH 2021

	(xi) Status of Consents under Water Act and Air Act	:	Valid up to: MARCH 2021
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of beds (<i>Interpretation - Census or Registered Beds</i>) 150
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	31/03/2021 19BA217069399
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No. of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day NA
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day NA
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) <i>(Interpretation - Month wise and Total Annual Quantity)</i>	:	Yellow Category: NA Red Category: NA White: NA Blue Category: NA General Solid waste: NA

	(i) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Quantity generated	Where disposed
		Incineration Ash	NA
		ETP Sludge	
	(ii) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	G. S. MULTICLAVE	
	(iii) List of member HCF not handed over bio-medical waste	NA	
5.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	NO	
6.	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.	02	
	(ii) number of personnel trained	20	
	(iii) number of personnel trained at the time of induction	05	
	(iv) number of personnel not undergone any training so far	0	
	(v) whether standard manual for training is available?	YES	
	(vi) any other information)	-	
7.	Details of the accident occurred during the year		
	(i) Number of Accidents occurred	0	
	(ii) Number of the persons affected	0	
	(iii) Remedial Action taken (Please attach details if any)	0	

	(iv) Any Fatality occurred, details	0
8.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA
	Details of Continuous online emission monitoring systems installed	NA
9.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	NA
10.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NA
11.	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from JANUARY 2019
 DECEMBER 2019

(Signature)

Date: Chennai

Name and Signature of the Head of the Institution

Place: