

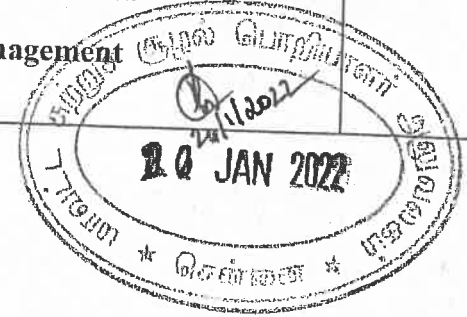


FORTIS HEALTHCARE LIMITED

Page 7
of 93

Standard Operating Procedure for

Bio Medical Waste Management



ANNEXURE: 7

000142

18

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	:
	(i) Name of the authorised person (occupier or operator of facility)	: FORTIS HEALTHCARE LTD DR. SANSAY PANDAY
	(ii) Name of HCF or CBWTF	: FORTIS HEALTHCARE LTD
	(iii) Address for Correspondence	: 234, ARCOOT ROAD, VADAPALANI, CH-26
	(iv) Address of Facility	: 231, ARCOOT ROAD, VADAPALANI, CH-26
	(v) Tel. No, Fax. No	: 044-40204444 / 40204100
	(vi) E-mail ID	: enquiry.vadapalani@fortishealthcare.com
	(vii) URL of Website	: Fortis Chennai.com
	(viii) GPS coordinates of HCF or CBWTF	: -
	(ix) Ownership of HCF or CBWTF	: (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.: 31BA219339246valid up to 31/03/2023
	(xi) Status of Consents under Water Act and Air Act	: Valid up to: 31/03/2023
2.	Type of Health Care Facility	: MULTISPECIALITY

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Standard Operating Procedure for
Bio Medical Waste Management

S.No.	Particulars	
	(i) Bedded Hospital	: No. of beds (<i>#Interpretation – Census or Registered Beds</i>) 150 Beds
	(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	: 21BAZ19389246 31/08/2023
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: 10042.46 kg Red Category: 9417.1 kg White: 357.4 kg Blue Category: 1168.4 kg General Solid waste: 27029.35 kg
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility <i>#Interpretation – Only Point No. (vi) is to be filled by the (Hospital) Occupier (if waste is being handed over to the operator of common Bio-medical Waste treatment facility) & rest of the points are for the operator of common Bio-medical Waste treatment facility.</i>	
		Size:



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S.No.	Particulars																																																	
	(i) Details of the on-site storage facility	Capacity: Provision of on-site storage : (cold storage or any other provision)																																																
	(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></td> <td>NA</td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td>NA</td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No. of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators		NA		Plasma Pyrolysis		NA		Autoclaves		NA		Microwave		NA		Hydroclave		NA		Shredder		NA		Needle tip cutter or destroyer		NA		Sharps encapsulation or concrete pit		NA		Deep burial pits:		NA		Chemical disinfection:		NA		Any other treatment equipment:		NA	
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.)																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	30 Nos																																																
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	<table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td>—</td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td>—</td> <td></td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash	—		ETP Sludge	—																																								
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S.No.	Particulars	
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	C. J. MULTICLAVE
	(vii) List of member HCF not handed over bio-medical waste	NA
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	YES
7.	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	100 Nos of Training
	(ii) number of personnel trained	271
	(iii) number of personnel trained at the time of induction	271
	(iv) number of personnel not undergone any training so far	NIL
	(v) whether standard manual for training is available?	YES
	(vi) any other information	
8.	Details of the accident occurred during the year	NA
	(i) Number of Accidents occurred	NA



Standard Operating Procedure for
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S.No.	Particulars	
	(ii) Number of the persons affected	NA
	(iii) Remedial Action taken (Please attach details if any)	NA
	(iv) Any Fatality occurred, details	NA
9.	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
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	NA
11.	Is the disinfection method or sterilization meeting the log ₄ standards? How many times you have not met the standards in a year?	NA
12.	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from JANUARY 2021
..... DECEMBER 2021

Date:

Name and Signature of the Head of the Institution

Place: CHENNAI



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