

Jawahar Lal Nehru Marg, Malviya Nagar, Jaipur - 302 017 Rajasthan Tel: +91-141-2547000

FEHJ/ADMIN/2024/D.41

Dated: 14.06.2024

The Member Secretary (RSPCB), Rajasthan State Pollution Control Board, 4, Institutional Area, Jhalana Doongri, Jaipur.

<u>Subject:</u> Submission of the Annual Report in Form IV on Bio-medical Waste Generation for the period 1st January, 2023 to 31st December, 2023.

Dear Sir.

As per above subject, please find attached Annual Report in Form IV on Biomedical Waste Generation of Fortis Escorts Hospital, 214, JLN Marg, Malviya Nagar, Jaipur (A Unit of Escorts Heart and Super Speciality Hospital Limited) for the period 1st January, 2023 to 31st December, 2023.

Please acknowledge the receipt of the same.

Thanking You.

For Escorts Heart and Super Speciality Hospital Limited

Neerav Bansal (Zonal Director)

Authorised Signatory

<u>CC:</u> The Regional Officer-Regional Office-Jaipur (South), Rajasthan State Pollution Control Board, 08/263, Housing Board, Malviya Nagar, Jaipur-302017.

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

		NGS-BANKS	MENNO CHOM													Z o	13
(Management and Handling) Rules	(x). Status of Authorisation under the Bio-Medical Waste	(ix) Ownership of HCF	(viii) GPS coordinates of HCF	(vii) URL of Website	(vi) E-mail ID	(v)Tel. No, Fax. No	(iv) Address of Facility	(iii) Address for Correspondence		(ii) Name of HCF		operator of facility)	(i) Name of the authorised person (occupier or	Particulars of the Occupier	Particulars		
•••												•••					
Renewal Application no. 354790 dt. 30/10/2023	F(BMW)/Jaipur(Jaipur)/296(1)/2010- 2011/2625-2627; valid up to 29.02.2024.	Private	NA	www.fortishealthcare.com	contactus.jaipur@fortishealthcare.com	0141-2547000; 0141-2547002	302017	302017	214, JLN Marg, Malviya Nagar, Jaipur-	Limited	Escorts Heart and Super Speciality Hospital	MIT. Neer av Darisar	No Noore Possol				

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5 Details of the Storage, treatment, transportation, processing and Disposal Facility	(on monthly average basis)	Occastity of waste generated or disposed in Kg per annum			4	CBWIYVIT	(iv) Quantity of biomedical waste treated or disposed by	(iii) Installed treatment and disposal capacity of CBMWTF:	(ii) No of beds covered by CBMWTF	(I) Nulliber frequences		Details of CBMWTF	(iii) License number and its date of expiry	Histitute of Actornial Fraction	(Clinic or Blood Bank or Clinical Laboratory or Research	(ii) Non-bedded hospital	(i) Bedded Hospital	Type of Francisco	7 Type of Health Care Facility	(xi). Status of Consents under Water Act and Air Act	
al Facility	General Solid waste: NA	Blue Category: 935.65	White: 88.73	Red Category: 3004.56	Yellow Cytotoxic: 180.11	Yellow Category: 1718.37	NA	NA			NA		Renewal Application no. 355088 dt. 30/10/2023	2011/2628-2630; valid up to 29.02.2024.	- 10.000 (10.0			No. of Beds: 275		Renewal Application no. 355088 dt. 30/10/2023	2011/2628-2630; valid up to 29.02.2024.

Accept.

	h.	Only authorised vehicle is used for BMW. List of authorised vehicles is attached herewith.	Only authorised vehicle is used for BMW. List of authorised vehicles is attached her	Only author		(iv) No of vehicles used for collection and transportation of biomedical waste
						recyclers after treatment in kg per annum.
		glass etc.) - NA	Red Category (like plastic, glass etc.) - NA	Red Categ		(iii) Quantity of recyclable wastes sold to authorized
				equipment:		
			treatment	Any other treatment		
			Chemical disinfection:	Chemical		
			al pits:	Deep burial pits:		
			oit	concrete pit		
			Sharps encapsulation or	Sharps er		
	A	NA		destroyer	Т	
			cutter or	Needle tip cutter or		
				Shredder		
			/e	Hydroclave		
			Ø	Microwave		
			Se	Autoclaves	_	
			yrolysis	Plasma Pyrolysis		
			ors	Incinerators	_	
	kg per annum			. ,		
		S	;	4		
	ity Quantity Treated or	No. Capacity of Kg/day	Type of treatment	Type of tre		(ii)Details of the treatment or disposal facilities
			1): NA	provision): NA		
	or any other	Provision of on-site storage: (cold storage or any other	n of on-site stora	Provision		
_			/: NA	Capacity:		
	1.00	÷	NA	Size:		(i) Details of the on-site storage facility

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(iv) Any Fatality occurred, details.	(iii) Remedial Action taken (Please attach details if any)	(ii) Number of the persons affected	_	Details of the accident occurred during the year	(vi) any other information)	(v)Whether standard manual for training is available?	(iv)Number of personnel not undergone any training so far	(iii)Number of personnel trained at the time of induction	(ii) Number of personnel trained	(i) Number of trainings conducted on BMW Management.	Details trainings conducted on BMW	committee? If yes, attach minutes of the meetings held during the reporting period	List of member HCF not h	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum
No	No	No	No	(NIL report in Form 1 is attached herewith)			190	139	645	56		Yes, Minutes of the Meeting are attached herewith.	NA	Instromedix Waste Management Private Limited	Sludge NA NA	Incineration Quantity Where disposed Ash generated ETP

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									No.	
13	à		10						9	
Any other relevant information	the standards in a year?	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met	10 year?	How many times you have not met the standards in a	Systems installed	Details of Continuous online emission monitoring	the standards?	incinerator? How many times in last year could flot filet	Are you meeting the standards of air Pollution from the	
No	Yes		3			No such system installed		NA		

Certified that the above report is for the period from 01.01.2023 to 31.12.2023.

Neerav Bansal

Name and Signature of the Head of the Institution

Date: 14/06/24 Place: Jaipur

FORM - I

[(See rule 4(o), 5(i) and 15 (2)]

ACCIDENT REPORTING

Nil Report

- 1. Date and time of accident:
- 2. Type of Accident:
- 3. Sequence of events leading to accident:
- 4. Has the Authority been informed immediately:
- 5. The type of waste involved in accident:
- 6. Assessment of the effects of the accidents on human health and the environment:
- 7. Emergency measures taken:
- 8. Steps taken to alleviate the effects of accidents:
- 9. Steps taken to prevent the recurrence of such an accident:
- 10. Does your facility have an Emergency Control policy? If yes give details:

Date: 14.06.2024

Place: Jaipur

Neerav Bansal (Zonal Director)

Name & Sign of Authorized Signatory



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For Escorts Heart and Super Speciality Hospital Limited

Neeray Bansal (Zonal Director)

Authorised Signatory

<u>CC:</u> The Regional Officer-Regional Office-Jaipur (South), Rajasthan State Pollution Control Board, 08/263, Housing Board, Malviya Nagar, Jaipur-302017.

Dear Team

we would like to inform you that following vehicle will visit your hospital for collection of Bio Medical Waste:

Authorized Vehicle Number	
RJ -14- GE-0250	
RJ -14- GE-7821	
RJ-14-GP-2172	
RJ-14-GD-5764	
RJ -14-G D -7316	
RJ-14-GD-2062	
RJ- 14 -G C -7155	7-1-1
RJ-14-GF-6244	
RJ -1 4- 6 8-3 7 16	1
RJ-14-GF-3267	
RJ-14-GF-5331	
RJ-14-GB-5267	1
	_

Thanks & Regards S K Choudhary

Account Department: Instromedix India Pvt Ltd.

9772-123-777

Head-H.K

Head Eng. & Supp

Mhadleshisan. MS/DMS