



Dated: 05/06/2017

To,

The Sr. Environmental Engineer, WMC-I Department of Environment, Govt. of NCT of Delhi, 4th Floor, ISBT Building, Kashmere Gate, Delhi-110006

DEPARTMENT OF ENVIRONMENT
DEPARTMENT OF ENVIRONMENT
OCCUPANT OF STERNING
ON THE STERNING
ON TH

Subject: Submission of Form - IV

Dear Sir/Madam,

Please find attached herewith the FORM IV (Annual Report of Bio- Medical Waste generated in our hospital for January 2016 to December 2016

Thanking you,

Yours Sincerely,

For Fortis Hospotel Ltd.

Dr. Rajeev Nayyar Medical Director

Encl: As above

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)]

SI.	Particulars		
No.			
l.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. RAJEEV NAYYAR
	(ii) Name of HCF or CBMW-FF	:	FORTIS HOSPITAL SHALIMAR BALL
	(iii) Address for Correspondence	:	A-BLOCK, SHALIMAR BALH DELHI-88
	(iv) Address of Facility		A-BLOCK, SHAUMAR BALH DELHI-88
	(v)Tel. No, Fax. No	:	011-45302222, 011-45302211
	(vi) E-mail ID	:	RAJEEN. NAYYAR G FORTIS HEALTHURE.
	(vii) URL of Website		THE THE PURISHER OF THE HEALTHONRE.
	(viii) GPS coordinates of HCF or CBMWTF	80.00 m	yes, Observed to be in place during round to
	(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.: DPCL/BMW/AUTH/NEWNO/2015/01476
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 14/07/2019
2.	Type of Health Care Facility	;	HOSPITAL
	(i) Bedded Hospital	:	No. of Beds: 262
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		DHS/NH 1882, 31st March LOIZ
3.	Details of CBMWTF	:	DHS/NH 882, 31st March 2017 (Applied for Renewal ON 12/01/2017
	(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

	(iv) Quantity of biomedical waste treated or	disposed	:	Kg/	/day		0	
	by CBMWTF	•		NA NA				
4.	Quantity of waste generated or disposed in	n Kg per	:	Yellow Ca	itegory	: 2	234.450 K	
	annum (on monthly average basis)			Red Categ	gory :	4223	-562 Kg	
	ANNEXURE - 1 Attached.			Willie.	800.	408 F	77	
							1.663 Kg	
			General Solid waste:					
5	Details of the Storage, treatment, transportation, processing and Disposal Facility							
	(i) Details of the on-site storage :	Size	:					
	facility	Capacity:						
	NA NA	Provision of on-site storage : (cold storage or						
	TVF	any otl	ner pro	vision)				
	(ii) Details of the treatment or :	Тур	e of tro	atment	No a	Cap	Quantity	
	disposal facilities	equipme			of	, acit	treatedo	
					unit	у	r	
					S	Kg/	disposed	
	5					day	in kg	
							per	
							annum	
	NA		nerato			- 1		
	/VF	10000000		rolysis				
			Autoclaves					
		Microwave						
			Hydroclave Shredder					
	***	100000000000000000000000000000000000000	Needle tip cutter or					
			destroyer					
			rps					
				tion or		_		
		1,000,000	crete p					
		1995		al pits:				
		Ch	Chemical disinfection:					
		dis						
		An	y other	treatment				
	(iii) Ownerity C	-	equipment:					
	(iii) Quantity of recyclable wastes : Red of sold to authorized recyclers after treatment in kg per annum.		Red Category (like plastic, glass etc.)					
			√A					
	(iv) No of 1:							
	and transportation of biomedical	On	٠ ١	lehicle	trans	Sporte	d at one	
	waste Value of Biomedical		tim	(०४	,.J.,et~,	1		
	(v) Details of incineration ash and			00	1-1-0	THE RESERVE AND ADDRESS OF THE PARTY OF THE	The state of the s	
	ETP sludge generated and disposed			Quan			iere	
				gener	ated		posed	

	uring the treatment of wastes in Kg	Incineration Ash ETP Sludge	
N C	ri) Name of the Common Bio- ledical Waste Treatment Facility operator through which wastes are isposed of	Biotic Waste Solution Rt. Life.	
1 3	vii) List of member HCF not handed over bio-medical waste.	NA.	
r	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during he reporting period	Yes	
	Details trainings conducted on BMW		
1	(i) Number of trainings conducted on BMW Management.	98 Trainings for Nurses, 40A, Housekaping 1595, (Nurses -739, 60A-384, HK-184, Other	and thers
	(ii) number of personnel trained	1595, (Nurses -739, 60A-384, NK-184, Other	-25
	(iii) number of personnel trained at		
	the time of induction	100%	
	(iv) number of personnel not undergone any training so far		
	(v) whether standard manual for training is available?	yes	
	(vi) any other information)	NIL	
	Details of the accident occurred during the year (Form-II)	Needle Stick	
-	(i) Number of Accidents occurred	22	
	(ii) Number of the persons affected	NIL	
	(iii) Remedial Action taken (Please attach details if any)	NIL	
	(iv) Any Fatality occurred, details.	NIL	
1	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	
	Liquid waste generated and treatment	,	
2	methods in place. How many times you have not met the standards in a year?	ANNEXURE - 2 Attached	•
	s the disinfection method or		
1 5	sterilization meeting the log 4	NIL	

_	standards? How many times you have not met the standards in a year?		in the state of th
2	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)
			•
ert	ified that the above report is for the period	od froi	n .
erl	ified that the above report is for the period	od froi	n Hill 31st December 2016.
	Date: 5th June, 2017	od froi	Name and Signature of the Head of the Institution



Name & Address of Ind./Unit

DELHI POLLUTION CONTROL



St. Ssite: http://www.spec.scshagovt.nic.to

Date: 30-03-2016

ANNEXURE -

DPCC/Comm/W/24837 [

3-103/2016

ANALYSIS REPORT OF WATER EFFLUENT

M/s FORTIS HOSPITAL

FORTIS HOSPITAL SHALIMAR BAGH,

Delhi-110070

2. Sampling Location

: Outlet of STP

3. Date of sampling

Result No :

1.

23-03-2016

4. Sample collected by

: DPCC LAB

5. Control Measure (if any)

: STP

6. Nature of sample

GRAB

Nature of Industry 7.

Hospital Connected with Sewers with Terminal STP with Boiler

and without Incinerator

S. Parameters analyzed and results:

5.No.	Parameters	OUTLET OF STP	Prescribed Standard
1	рн	7.1	5.5-9
2	Oil and Grease	1.2	10
3	Bio-chemical oxygen demand [3days at 27°C]	18	350
4	Total Suspended Solids (TSS)	26	500
5	Bio - assay test (percent survival of fish after 96 hours in 100 percent effluent)	90	90-1 0 0

All the parameters are in mg/l except pH value.

SR. SCIENTIST

TA MOITE! Section Scientist Judion Control Committee 12 Latin Moor, ISBT Building Latin Ste Gots, New Dalhi-115

SR. SCIENTIFIC ASSISTANT