

To,
The Environment Engineer
Punjab Pollution Control Board
RO-3 Gill road Ludhiana (Punjab).

Sub-Annual report under the management & handling of bio medical waste rule.

Dear Sir,

Please find hear with enclosed copy of annual report for the period from (1st January 2016 to 31st December 2016) Fortis Hospital Ltd.Mundian Kalan Chandigarh road Ludhiana Punjab.



Received

26/1/16







A UNIT OF FORTIS HOSPITALS LIMITED

Regd. Office : Escorts Heart Institute and Research Centre, Okhla Road, New Delhi-110 025.
Tel. +91-11-26825000, 26825001, Fax : +91-11-416258435 CIN - U93000DL2009PLC222166

 **Fortis SPECIALITY** Hospital

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) | : Mr. VIVAN SINGH GILL |
| | (ii) Name of HCF or CBMWTF | : FORTIS HOSPITALS LTD. |
| | (iii) Address for Correspondence | : MUNDINA KHURD CHANDIGARH ROAD, LDH |
| | (iv) Address of Facility | : LUDHIANA |
| | (v) Tel. No, Fax. No | : 0115222333 |
| | (vi) E-mail ID | : VIVAN.gill@fortishealthcare.com |
| | (vii) URL of Website | : http://cms.fortishealthcare.com/site/login |
| | (viii) GPS coordinates of HCF or CBMWTF | : 30.8893° N, 75.9351° E |
| | (ix) Ownership of HCF or CBMWTF | : (State Government or Private or Semi Govt. or any other) (PRIVATE) |
| | (x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : Authorisation No.: Z.O.-11/L.D.H./R.O.-111/BMW/2016-17/F.-31 valid up to 31.03.2017 |
| | (xi) Status of Consents under Water Act and Air Act | : Valid up to: WATER CONSENTS - 31.3.2021 AIR CONSENTS - 31.3.2021 |
| 2. | Type of Health Care Facility | : |
| | <input checked="" type="checkbox"/> (i) Bedded Hospital - 200 | : No. of beds (*Interpretation - Census or Registered Beds) - 200- |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : — |

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| S.No. | Particulars | |
|-------|--|--|
| | (iii) License number and its date of expiry | : 20-11/LPH/RO-111/BMW/2016-17/F-31 31-03-2017 |
| 3. | Details of CBMWTF | : |
| | (i) Number healthcare facilities covered by CBMWTF | : - |
| | (ii) No. of beds covered by CBMWTF | : - |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : _____ Kg per day |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : _____ Kg/day |
| 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: ✓ Attached Red Category: ✓ " White: ✓ " Blue Category: ✓ " General Solid waste: ✓ " |
| 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> | |
| | (i) Details of the on-site storage facility | Size: Capacity: Provision of on-site storage : (cold storage or any other provision) |


| S.No. | Particulars | | | | |
|-------|---|--|--------------------|-----------------|--|
| | | Type of treatment equipment | No. of units | Capacity Kg/day | Quantity treated or disposed in kg per annum |
| | (ii) Disposal facilities | Incinerators | | | |
| | | Plasma Pyrolysis | | | |
| | | Autoclaves | | | |
| | | Microwave | | | |
| | | Hydroclave | | | |
| | | Shredder | | | |
| | | Needle tip cutter or destroyer | | | |
| | | Sharps encapsulation or concrete pit | | | |
| | | Deep burial pits: | | | |
| | | Chemical disinfection: | | | |
| | | Any other treatment equipment: | | | |
| | (iii) Quantity of recyclable wastes sold to authorize 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 | - | | | |
| | (v) 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 | | | |
| | | ETP Sludge | | | |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | MEDICARE ENVIRONMENTAL MANAGEMENT PVT. LTD. BEHIND SATLUJ ACTION PLAN (SEWAGE TREATMENT PLANT) OPP CENTRAL JAIL, TAJPUR ROAD, LUDHIANA - 141 007 | | | |
| | (vii) List of member HCF not handed over bio-medical waste | - | | | |
| 6. | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | YES (MINUTES OF MEETING ATTACHED) | | | |

| S.No. | Particulars | |
|-------|---|---|
| 7. | Details trainings conducted on BMW | |
| | (i) Number of trainings conducted on BMW Management. | Attached (April 2016 - Dec-2016) |
| | (ii) number of personnel trained | " |
| | (iii) number of personnel trained at the time of induction | " |
| | (iv) number of personnel not undergone any training so far | " |
| | (v) whether standard manual for training is available? | " |
| | (vi) any other information) | " |
| 8. | Details of the accident occurred during the year | FORM 1 ACCIDENT REPORT ATTACHED FROM APRIL 2016 TO DEC 2016 |
| | (i) Number of Accidents occurred | APRIL - TO DEC - 2016. NIL |
| | (ii) Number of the persons affected | - NIL |
| | (iii) Remedial Action taken (Please attach details if any) | - NIL |
| | (iv) Any Fatality occurred, details | - NIL |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | AIR STANDARDS MAINTAINED AS PER NORMS |
| | Details of Continuous online emission monitoring systems installed | — |
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | LIQUID WASTE STANDARDS MAINTAINED AS PER NORMS. |

| S.No. | Particulars | |
|-------|---|---|
| 11. | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | DISINFECTION METHOD STANDARDS MAINTAINED AS PER NORMS |
| 12. | Any other relevant information | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from 1st JAN 2016 To 31st DEC 2016

Date:

Name and Signature  the Head of the Institution

Place: LUDHIANA

Kaur [Signature] Ward

[Signature] [Signature]

[Signature] [Signature]

[Signature] 26/4/16

ANNUAL REPORT OF GENERAL WASTE 2016

| MONTH | TOTAL K.G. |
|-------------------------|------------|
| MONTH OF JANUARY 2016 | 7794.1 |
| MONTH OF FEBRUARY 2016 | 7449.2 |
| MONTH OF MARCH 2016 | 6913.7 |
| MONTH OF APRIL 2016 | 7154.4 |
| MONTH OF MAY 2016 | 7318.7 |
| MONTH OF JUNE 2016 | 7430.7 |
| MONTH OF JULY 2016 | 7462.8 |
| MONTH OF AUGUST 2016 | 7733.6 |
| MONTH OF SEPTEMBER 2016 | 7981.7 |
| MONTH OF OCTOBER 2016 | 7964.9 |
| MONTH OF NOVEMBER 2016 | 8012.7 |
| MONTH OF DECEMBER 2016 | 8177.8 |
| TOTAL ANNUAL WEIGHT | 91394.3 |

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ANNUAL REPORT OF BMW 2016(Jan.2016 to Dec.2016)

| | YELLOW BAG | | WHITE | | SHARP CO. | | BLUE BAG | | Other/black | |
|-------------------------|-----------------|---------------|-------------------------|----------------|----------------|----------------|--------------------|----------------|--------------------------|---------------|
| | NO. OF BAG | NO OF KG | NO. OF BAG | NO OF KG | PPC | NO OF KG | NO OF BAG | NO OF KG | Black | NO OF KG |
| JANUARY 2016 | 374 | 861.47 | 129 | 394.34 | 120 | 210.75 | 469 | 1271.69 | 25 | 30.48 |
| FEBRUARY 2016 | 401 | 815.17 | 167 | 459.5 | 134 | 226.73 | 501 | 1168.46 | 22 | 25.76 |
| MARCH 2016 | 441 | 847.84 | 180 | 408.13 | 149 | 173.94 | 541 | 1167.24 | 29 | 40.15 |
| APRIL 2016 | 482 | 883.63 | 211 | 460.74 | 144 | 166.45 | 563 | 1043.76 | 30 | 46.1 |
| MAY 2016 | 560 | 928.48 | 207 | 406.1 | 152 | 185.23 | 617 | 1165.32 | 36 | 54.77 |
| TOTAL | 2258 | 4336.6 | 894 | 2128.81 | 699 | 963.1 | 2691 | 5816.47 | 142 | 197.26 |
| | YELLOW category | | HARD BOX /BLUE category | | white category | | SHARP CO. category | | CYOTOXIC/yellow category | |
| | NO. OF BAG | NO OF KG | NO OF BAG | NO OF KG | PPC | NO OF KG | NO OF BAG | NO OF KG | Black | NO OF KG |
| JUNE 2016 | 489 | 774.69 | 141 | 316.08 | 112 | 127.83 | 582 | 1046.84 | 28 | 40.38 |
| JULY 2016 | 505 | 750.38 | 109 | 128.31 | 145 | 327.14 | 581 | 1034.64 | 39 | 47.9 |
| 01 August 2016 | 501 | 925.6 | 139 | 150.82 | 172 | 421.16 | 694 | 1540.11 | 36 | 94.55 |
| MONTH OF SEPTEMBER 2016 | 660 | 1074.06 | 167 | 120.85 | 157 | 622.51 | 1035 | 1834.26 | 53 | 134.34 |
| 01 October 2016 | 663 | 1256.01 | 114 | 84.97 | 165 | 727.32 | 844 | 1811.79 | 50 | 130.18 |
| 01 November 2016 | 657 | 1327.63 | 162 | 122.32 | 165 | 675.99 | 823 | 1969.71 | 42 | 145.99 |
| 01 December 2016 | 620 | 1354.58 | 82 | 57.74 | 126 | 548.99 | 785 | 1853.49 | 28 | 138.73 |
| TOTAL | 4095 | 7463 | 914 | 981.09 | 1042 | 3450.94 | 5344 | 11090.8 | 276 | 732.07 |

Ravi Singh

[Signature]

[Signature]

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

ACCIDENT REPORTING

1. Date and time of accident : *Nil*
2. Type of Accident :
3. Sequence of events leading to accident : *NA*
4. Has the Authority been informed immediately : *NA*
5. The type of waste involved in accident : *NA*
6. Assessment of the effects of the accidents on human health and the environment: *NA*
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 you facility has an Emergency Control policy? If yes give details:

Date : *4/1/17*
 Place: *Ludhiana*

Signature *Bendu*
 Designation *I.C.C.*

[Signature]

[Signature]

[Signature]

Rita
70927

November 2016

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


ACCIDENT REPORTING

1. Date and time of accident : Nil
2. Type of Accident :
3. Sequence of events leading to accident : NA
4. Has the Authority been informed immediately : NA
5. The type of waste involved in accident : NA
6. Assessment of the effects of the accidents on human health and the environment: NA.
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 has an Emergency Control policy? If yes give details:



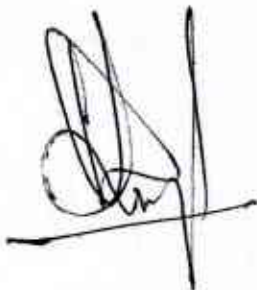
Date : ...1/12/2016.....

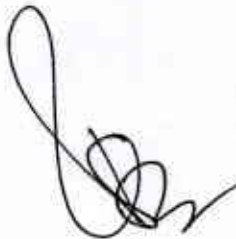
Place: ...Ludhiana.....

Signature  (Dr. Shubdeep)

Designation ...FLO.....

Sanjeev





Rita
70927

October 2016

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

ACCIDENT REPORTING

1. Date and time of accident : Nil
2. Type of Accident :
3. Sequence of events leading to accident : NA
4. Has the Authority been informed immediately : NA
5. The type of waste involved in accident : NA
6. Assessment of the effects of the accidents on human health and the environment: NA.
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 has an Emergency Control policy? If yes give details:

Arsh

Date : 2/11/2016
Place : Ludhiana

Signature
Designation : ICO

(Dr. Shubdeep)

Sumit

[Signature]

Hans
74503

Pity
70927

September 2016

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

ACCIDENT REPORTING

1. Date and time of accident : *N/A*
2. Type of Accident :
3. Sequence of events leading to accident : *NA*
4. Has the Authority been informed immediately : *NA*
5. The type of waste involved in accident : *NA*
6. Assessment of the effects of the accidents on human health and the environment: *NA*
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 has an Emergency Control policy? If yes give details:

Date : *1/10/2016*.....
Place: *Ludhiana*.....

Signature ~~*[Signature]*~~.....
Designation *J.C.O.*.....

[Signature]
[Signature]

[Signature]

[Signature]
70572

August 2016

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

ACCIDENT REPORTING

1. Date and time of accident : N/A
2. Type of Accident : N/A
3. Sequence of events leading to accident : N/A
4. Has the Authority been informed immediately : N/A
5. The type of waste involved in accident : N/A
6. Assessment of the effects of the accidents on human health and the environment: N/A
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 you facility has an Emergency Control policy? If yes give details:

Date : 2 Sep 2016.....
Place: Ludhiana.....

Signature ~~Subodh Ram~~.....
Designation J.C.O.....

Subodh


Ranjit

Ranjit
7057

2 July 2016

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

ACCIDENT REPORTING

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

Date : 3 Aug/2016...
Place: Ludhiana.....

Signature
Designation I.C.O.....


Date




7502

June 2016

FORM - 1
[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

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

Date : *4th July, 2016..*
Place: *Ludhiana.....*

Signature
Designation *ICO*

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[Handwritten signature]

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70528

May 2016

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

ACCIDENT REPORTING

1. Date and time of accident : *NIL*
2. Type of Accident :
3. Sequence of events leading to accident : *NA*
4. Has the Authority been informed immediately : *NA*
5. The type of waste involved in accident : *NA*
6. Assessment of the effects of the accidents on human health and the environment: *NA*
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 has an Emergency Control policy? If yes give details:

Date : *4.6.16*.....
Place: *udhiana*.....

Signature ~~*[Signature]*~~.....
Designation *ICO*.....

[Signature]
[Signature]

[Signature]
Indrajit
20502

April 2016.

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

ACCIDENT REPORTING

1. Date and time of accident : *NIL*
2. Type of Accident :
3. Sequence of events leading to accident : *NA*
4. Has the Authority been informed immediately : *NA*
5. The type of waste involved in accident : *NA*
6. Assessment of the effects of the accidents on human health and the environment: *NA*
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 : *4/5/2016*.....
Place: *Udhiana*.....

Signature *[Signature]*.....
Designation *ICO*.....

[Signature]

[Signature]

[Signature]

Indrajit K
70502
4/5/16

Form IV-BMW ANNUAL REPORT (PPCB) - Contractuals Training Data

| Details trainings conducted on BMW | Department | Remarks | | | | | | | | | |
|--|------------|---|-----|---------------|------|-----|-------|-----|--------------|-----|---------|
| | | | SRL | Physiotherapy | Axis | ACE | Engg. | F&B | Housekeeping | GDA | Laundry |
| (i) Number of trainings conducted on BMW Management. | HR | 60 | | | | | | | | | |
| (ii) number of personnel trained | HR | 136 | 18 | 6 | 6 | 28 | 24 | 54 | 86 | 176 | 24 |
| (iii) number of personnel trained at the time of induction | HR | 251 | 3 | 2 | 1 | 10 | 4 | 46 | 24 | 152 | 9 |
| (iv) number of personnel not undergone any training so far | HR | 0 | | | | | | | | | |
| (v) Whether standard manual for training is available? | HR | Infection Control Hnadbook, Posters of Hand Hygiene, NSI, BMW & Flow Chart of Needle Stick Injury Protocol. | | | | | | | | | |
| (vi) any other information) | HR | Clean Mission (a new initiative) was launched which covered BMW, NSI, Hand Hygiene and training was done to cover 100% GDA's, Housekeeping, Laundry, SRL, Dental, Physiotherapist and ACE Class Room Sessions. Hand Hygiene and Infection Control Week was celebrated with Quiz and Games on BMW. | | | | | | | | | |

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Form IV-BMW ANNUAL REPORT (PPCB) - On_Roll_Training_Data

| Details trainings conducted on BMW | Department | Remarks | | | |
|--|------------|---|---------|--------|------------|
| | | | Doctors | Nurses | Paramedics |
| (i) Number of trainings conducted on BMW Management. | HR | 60 | | | |
| (ii) number of personnel trained | HR | 353 | 90 | 216 | 47 |
| (iii) number of personnel trained at the time of induction | HR | 213 | 53 | 145 | 15 |
| (iv) number of personnel not undergone any training so far | HR | 0 | | | |
| (v) Whether standard manual for training is available? | HR | Infection Control Hnadbook, Posters of Hand Hygiene, NSI, BMW & Flow Chart of Needle Stick Injury Protocol. | | | |
| (vi) any other information) | HR | Clean Mission (a new initiative) was launched which covered BMW, NSI, Hand Hygiene and training was done to cover 100% Doctors, Nurses and Paramedic on the floors and Class Room Sessions. Hand Hygiene and Infection Control Week was celebrated with Quiz and Games on BMW. CME on NSI was conducted for Doctors, Nurses, GDA, Housekeeping etc. | | | |

Annith

[Signature]