



B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

Date: 30th June 2017

To,
Regional Officer,
U.P Pollution Control Board,
Noida-201301

Sub: Submission of Form IV

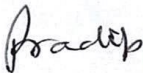
Respected Sir,

Please find attached here with the Form IV (Annual Report of Bio-Medical Waste generation in our hospital for January 2016 to December 2016.

Thanking You,

Regards,

For International Hospital Limited,


Pradip Srivastava
Authorized Signatory



Encl. As Above.

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)

Tel: +91-124-438 6666, Fax: +91-124-496 2222

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)]

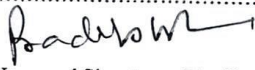
Sl. No.	Particulars		
1.	Particulars of the Occupier		
	(i) Name of the authorised person (occupier or operator of facility)	PRADIP SRIVASTAVA	
	(ii) Name of HCF or CBMWTF	INTERNATIONAL HOSPITAL LTD.	
	(iii) Address for Correspondence	B-22, SECTOR-62, NOIDA, U.P.	
	(iv) Address of Facility	B-22, SECTOR-62, NOIDA, U.P.	
	(v) Tel. No, Fax. No	0120-4300222 01202403222	
	(vi) E-mail ID	contact@i.noida@fortishealthcare.com	
	(vii) URL of Website		
	(viii) GPS coordinates of HCF or CBMWTF	ANNEXURE - A FOLLOWING WITH VENDOR IT IS STILL UNDER PROCESS INTIMATIONS LETTER COPY ATTACHED AS WELL	
	(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 ANNEXURE -	Authorisation No.: 393/BMW/T-3/16valid up to 31/08/2019	
(xi). Status of Consents under Water Act and Air Act ANNEXURE - I & II	Valid up to: 31/12/2015, UNDER RENEWAL PROCESS APPLIED COPY ATTACHED		
2.	Type of Health Care Facility	HOSPITAL FOLLOWUP	
	(i) Bedded Hospital	No. of Beds:..... 191	
	(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	ANNEXURE - D 551/G.B.N/17-18, 31/03/2018		
3.	Details of CBMWTF		
	(i) Number healthcare facilities covered by CBMWTF	N.A.	
	(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) ANNEXURE - E	Yellow Category : 16007 Red Category : 7181 White: Blue Category : 1455 General Solid waste:	
	5	Details of the Storage, treatment, transportation, processing and Disposal Facility	
		(i) Details of the on-site storage facility WE HAVE CONTRACT WITH OUT SIDE VENDOR FOR THE SAME	Size : Capacity : Provision of on-site storage : (cold storage or any other provision)

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></td> <td rowspan="10" style="text-align: center; vertical-align: middle;">N.A.</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></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			N.A.	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:		
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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.) N.A.																																						
(iv) No of vehicles used for collection and transportation of biomedical waste	:	ONE VEHICLE																																						
(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 rowspan="2" style="text-align: center; vertical-align: middle;">N.A.</td> </tr> <tr> <td>ETP Sludge</td> <td></td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash		N.A.	ETP Sludge																															
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(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	SYNERGY WASTE MANAGEMENT(P) LTD.																																						
(vii) List of member HCF not handed over bio-medical waste.		N.A.																																						
6 Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		YES ANNEXURE-F																																						
7 Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management.		40 Trainings for Nurses, GIDA, HOUSEKEEPING, others																																						

	(ii) number of personnel trained	732 (NURSING-187, GDA-42, H.K.-330, other-173)
	(iii) number of personnel trained at the time of induction	173
	(iv) number of personnel not undergone any training so far	—
	(v) whether standard manual for training is available?	YES
	(vi) any other information	NIL
8	Details of the accident occurred during the year ANEURE-G	NEEDLE STICK
	(i) Number of Accidents occurred	6
	(ii) Number of the persons affected	6
	(iii) Remedial Action taken (Please attach details if any)	COUNSELLING & TRAINING ON APPROPRIATE PPE & WASTE MANAGEMENT
	(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?	N.A.
	Details of Continuous online emission monitoring systems installed	N.A.
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	N.A.
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	N.A.
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator) N.A.

Certified that the above report is for the period from

..... 1st JANUARY 2016 Till 31st DECEMBER 2016


Name and Signature of the Head of the Institution

Date: 30th JUNE 2017
Place: NOIDA



ANNEXURE - A

B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

Date: 27th April 2017

To,
Regional Officer,
U. P. Pollution Control Board,
Noida-201301

Sub: GPS connectivity in vehicles and the Bar Code on the garbage bags

Respected Sir,

We are Authorised by the Uttar Pradesh Pollution Control Board (UPPCB), Lucknow State Pollution Control Board, under rule 8(4) of the Bio Medical waste (Management and Handling) Rules 1998 for the providing the facility for the collection, transportation, storage, treatment and disposal of bio medical waste.

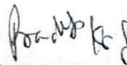
This is in Reference to UPPCB new guideline regarding GPS connectivity in vehicles and the Bar Code on the garbage bags which is use for waste transport. We have a contract with synergy waste management private limited for collection, transportation storage, treatment and disposal of bio medical waste.

We are in touch with the vendor on regular basis (mails as attached) for the same but we are not getting appropriate clarity from the vendor end.


This is for your information and action please.

Thanking You,

Regards,
For International Hospital Limited,


Authorised Signatory

Encl. Attached mails of communication


27-4-17
27-4-17
27-4-17

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91-124-438 6666, Fax: +91-124-496 2222

ANNEXURE-B



क्षेत्रीय कार्यालय
उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड
ब्लॉक ई-12/1, सेक्टर-1, नोएडा, गौतम बुद्ध नगर - 201301
REGIONAL OFFICE

दूरभाष/फैक्स : 2529157

UTTAR PRADESH POLLUTION CONTROL BOARD
BLOCK-E-12/1, SECTOR-1, NOIDA, GAUTAM BUDH NAGAR-201301

संदर्भ सं०: 393/8mm/18/16

दिनांक: 12-5-16

To,

International Hospital Ltd
B-22 Sec 62 NOIDA

Subject : Grant of authorization under Bio-Medical Waste (Management & Handling) Rules 1998.

Sir,

Please refer to application no. nil dated 17-12-15 in connection with the subject cited above. Your application for grant of authorization has been scrutinized and the officers of the Board have inspected your clinic/ hospital. On the basis of the recommendation of inspection report, the state POLLUTION CONTROL BOARD grants authorization for 31.8.19 on trial basis with the following conditions-

1. This authorization shall comply with provisions of the Environment (Protection) Act 1986, and the rules made hereunder.
2. The authorization or its renewal shall be produced for inspection to the request of an officer authorized by the U.P.P.C.B.
3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the Bio-Medical Waste without obtaining prior permission from U.P.P.C.B.
4. Any Unauthorized change in personal, equipment of working conditions as mentioned in the application by the person authorized shall constitute breach of this authorization.
5. It is your duty to take prior permission of the prescribed authority to close down the facility.
6. You shall ensure that Bio-Medical Waste generated in your hospital should be handled without any adverse effect to human health and the environment.
7. You shall ensure that Bio-Medical Waste shall be treated and disposed off in accordance with schedule I and in compliance of the standards prescribed in schedule V of the Bio-Medical Waste Rules.
8. Bio-Medical Waste shall not be mixed with other wastes.
9. Bio-Medical Waste Shall be segregated into containers/bags at the point of generation in accordance with schedule II prior to its storage, transportation, treatment and disposal. The containers should be labelled according to schedule IV.

P.T.O.

ANNEXURE - C I



B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

Date: 02 June 2017

To,
Regional Officer,
U.P Pollution Control Board,
Noida-201301

Sub: Air Consent Reapplied application for Renewal 01st January 2016 to 31st December 2018

Respected Sir,

Please refer to the Air License issued to International Hospital Limited, by your good office on 05th January, 2015 vide Reference No F53649/ C-1/ N- 933/ Water Consent/ 2014. (Copy attached as an Annexure).

The application for the renewal of Air license applied online dated 12th December 2015 and hard copy of the same submitted to UPPCB Regional Office Noida dated 14th December 2015.

The document copy also sent to Chief Executive Office, Lucknow your respective office dated 3rd May 2016 through speed post copy of the slip as attached.

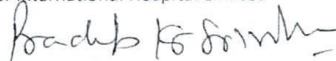
A letter for renewal status dated: 28th June 2016 sent to your respective office.

A query letter no. F82292C-1/Air Consent/933/2015 dated: 23rd June 2016 received from your respective office. The query reply along with supporting was sent through unit on dated 25th July 2016.

A follow up letter submitted dated 7th April 2017 along with all follow up documents.

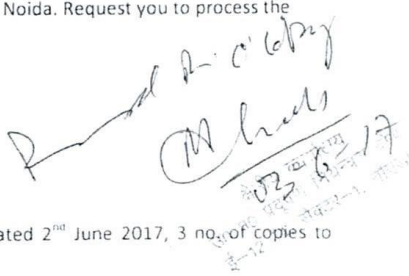
We are here by submitting fresh form for renewal of Air consent dated 2nd June 2017 to your office as attached as per instruction received from Regional Officer, UPPCB, Noida. Request you to process the same for renewal purpose.

Thanking You,
Regards,
For International Hospital Limited


Authorized Signatory

Encl.: Fresh Applied application for renewal of Air consent dated 2nd June 2017, 3 no. of copies to Regional UPPCB, Noida Office.

Copy to: Chief Executive Officer, Building No. TC-12V, Vibhuti Khand, Gomti Nagar, Lucknow, Uttar Pradesh 226010


Stamp: 03-06-17

International Hospital Limited
CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91-124-438 6666, Fax: +91-124-496 2222



B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

Date: 07th April 2017

To,
Regional Officer,
U.P Pollution Control Board,
Noida-201301

Sub: Air Consent Reapplied application for Renewal 01st January 2016 to 31st December 2018

Respected Sir,

Please refer to the Air License issued to International Hospital Limited, by your good office on 05th January, 2015 vide Reference No F53649/ C-1/ N- 933/ Water Consent/ 2014. (Copy attached as an Annexure).

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We are waiting for the further response in the matter please.

Thanking You,
Regards,
For International Hospital Limited

Authorized Signatory



Encl.: Copy of Applied application along with all Follow up documents.

Copy to: Chief Executive Officer, Building No. TC-12V, Vibhuti Khand, Gomti Nagar, Lucknow, Uttar Pradesh 226010



B-22, Sector 62,
Noida- 201309
Tel: +91-120-4300222

Date: 12th Dec. 2015

To,
Regional Officer,
U.P Pollution Control Board,
Noida-201301

Sub: Request for Extension of Air License Validity till 2016

Respected Sir,

Please refer to the ~~Air~~ License issued to International Hospital Limited, by your good office on 05th January, 2015 vide Reference No F53649/ C-1/ N- 933/ Water Consent/ 2014 and Reference No 933/ C-1/Air Consent orders – 170/2014. (Copy attached as an Annexure).

As per Clause 11 of the said permission letter we are entitled to apply for extension of validity period of water license till 31st December, 2016 by submitting requisite fees.

Please find attached herewith a demand draft of Rs. 50,000/- vide Serial no 497513 issued by Citibank dated 04th December, 2015.

Therefore your goodself are requested to kindly accept our application and allow the extension till 31st December, 2016.

Thanking You,

Regards,

For International Hospital Limited,
For International Hospital Limited

Rachita K. Singh
Authorized Signatory Authorized Signatory

Annexure Enclosed:-

1. Copy of ~~Air~~ Consent License issued to International Hospital Limited.
2. Balance Sheet CA certified.
3. Demand Draft of Amount Rs. 50,000/-, Serial No 497513 Issued by Citibank dated 04/12/2015.
4. On line Registered Copy

Rachita K. Singh
14-12-2015

International Hospital Limited
CIN: U74999HR1994PLC048225
Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91-12-4-438 6666, Fax: +91-124-496 2222



उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड
UTTAR PRADESH POLLUTION CONTROL BOARD

संदर्भ सं.
Ref. No.

53649/सी-1/एन-933/सहमति वायु/2014

पंजीकृत

दिनांक
Date

02/11/15

सेवा में,

मै0 इण्टरनेशनल हॉस्पिटल लि0,
बी-22, सेक्टर-02,
नोएडा, गौतमबुद्ध नगर।

विषय : वायु (प्रदूषण निवारण तथा नियंत्रण) अधिनियम, 1981 की धारा-21 के अन्तर्गत सहमति के संबंध में।

महोदय,

कृपया उपर्युक्त विषयक बोर्ड मुख्यालय के पत्रांक एफ-41910/सी-1/एन/वायु सहमति/एन-933/2014 दिनांक 20.6.14 का संदर्भ लेने का कष्ट करें। संदर्भित पत्र द्वारा उद्योग को वर्ष 2014 हेतु शर्त वायु सहमति प्रदान की गयी है। उद्योग द्वारा वर्ष 2015 हेतु निर्धारित सहमति शुल्क प्रेषित किया गया है।

उपरोक्त परिस्थिति में उद्योग को पूर्व में निर्गत सहमति वायु पत्रांक एफ-44910/सी-1/एन/वायु सहमति/933/2014 दिनांक 20.6.14 के साथ संलग्न सहमति आदेश सं0 933/सी-1/सहमति (वायु)आदेश/170/2014 दिनांक 19.6.14 की वैधता अबधि दिनांक 31.12.2015 तक बढ़ाई जाती है। उक्त सहमति आदेश में वर्णित शर्त यथावत लागू रहेगी।

भवदीय

(सुनील कुमार सिंह)
मुख्य पर्यावरण अधिकारी
वृत्त-1

प्रतिलिपि : क्षेत्रीय अधिकारी (प्रमारी), उपरो प्रदूषण नियंत्रण बोर्ड, नोएडा।

मुख्य पर्यावरण अधिकारी
वृत्त-1

Photocopy verified.

Atul Kumar Yadav
Regional Officer
U. P. Pollution Control Board
NOIDA
04/06/15

टी.सी. - 12 वीं विभूति खण्ड, गौमती नगर,
लखनऊ - 226 010
दूरभाष : 0522-2720828, 2720831
फैक्स : 0522-2720764, 2720676

T.C.-12 V. Vibhuti Khand Gomti Nagar
Lucknow - 226 010
Phone : 2720828, 2720831
Fax : 0522-2720764, 2720676



ANNEXURE - B II

B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

Date: 02nd June 2017

To,
Regional Officer,
U.P Pollution Control Board,
Noida-201301

Sub: Water Consent Reapplied application for Renewal 01st January 2016 to 31st December 2018

Respected Sir,

Please refer to the Water License issued to International Hospital Limited, by your good office on 05th January, 2015 vide Reference No F53649/ C-1/ N- 1045/ Water Consent/ 2014 and Reference No 933/C-1/Air Consent orders – 170/2014. (Copy attached as an Annexure).

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The document copy also sent to Chief Executive Office, Lucknow your respective office dated 3rd May 2016 through speed post copy of the slip as attached.

A letter for renewal status dated: 28th June 2016 sent to your respective office.

A query letter no. F82683C-1/Water/1045/2016 dated: 29th June 2016 received from your respective office. The query reply along with supporting was sent through unit on dated 25th July 2016.

A follow up letter submitted dated 7th April 2017 along with all follow up documents.

We are here by submitting fresh form for renewal of water consent dated 2nd June 2017 to your office as attached as per instruction received from Regional Officer, UPPCB, Noida. Request you to process the same for renewal purpose.

Thanking You,
Regards,
For International Hospital Limited

Authorized Signatory

Encl.: Fresh Applied application for renewal of Water consent dated 2nd June 2017, 3 no. of copies to Regional UPPCB, Noida Office.

Handwritten signature and stamp
2017 JUN 02
U.P. POLLUTION CONTROL BOARD
NOIDA

Copy to: Chief Executive Officer, Building No. TC-12V, Vibhuti Khand, Gomti Nagar, Lucknow, Uttar Pradesh 226010

International Hospital Limited
CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91-124-438 6666, Fax: +91-124-496 2222



B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

Date: 07th April 2017

To,
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U.P Pollution Control Board,
Noida-201301

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उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड
UTTAR PRADESH POLLUTION CONTROL BOARD
पंजीकृत

सदरम सं. 53650
Ref. No. सी-1/एन-1045/सहमति जल/2014

दिनांक 5-1-15
Date

सेवा में,
मैड इण्टरनेशनल हास्पिटल लि०,
सी-22, सेक्टर-62,
नोएडा, गौतमबुद्ध नगर।

विषय : जल (प्रदूषण निवारण तथा नियंत्रण) अधिनियम, 1974 की धारा-25/26 और इसके संशोधित अधिनियम, 1978 के अन्तर्गत घरेलू/प्रक्रिया जनित उत्प्रवाह के निस्तार हेतु सहमति।

महोदय,
कृपया उपर्युक्त विषयक बोर्ड मुख्यालय के पत्रांक एफ-44909/सी-1/सहमति जल/
एन-1045/2014 दिनांक 20.8.14 का सदरम लेने का कष्ट करें। सन्दर्भित पत्र द्वारा उद्योग को वर्ष
2014 हेतु सशर्त सहमति जल प्रदान की गयी है। उद्योग द्वारा वर्ष 2015 हेतु निर्धारित सहमति सुल्क
प्रेषित किया गया है।

उपरोक्त परिस्थिति में उद्योग को पूर्व में निर्गत सहमति जल पत्रांक एफ-44909/सी-1/
सहमति जल/एन-1045/2014 दिनांक 20.8.14 के साथ सलग्न सहमति जल पत्रांक सी-1/
सहमति जल-173/2014 दिनांक 20.8.14 की वैधता अवधि दिनांक 31.12.14 तक बढ़ाई जाती है।
उक्त सहमति आदेश में शर्तें यथावत लागू रहेंगी।

भवदीय

(सुनील कुमार सिंह)
मुख्य निगरण अधिकारी
सी-1

प्रतिलिपि : क्षेत्रीय अधिकारी (प्रभारी), उ०प्र० प्रदूषण नियंत्रण बोर्ड, नोएडा।

मुख्य निगरण अधिकारी
सी-1

Photocopy verified.
Atul K Yadav
Regional Officer
U. P. Pollution Control Board
NOIDA
16/1/15

टी.सी. - 12 वीं विंगलियन एजेंड गौतमी नगर,
लखनऊ - 226 010
दूरभाष : 0522-2720828, 2720831
फैक्स : 0522-2720764, 2720876
ई-मेल : info@uppcb.com

TC : V. Vishnu Khana Gant,
Lucknow - 226 010
Phc : 2720828, 2720831
Fax : 0522-2720764, 2720876
e-mail : info@uppcb.com

ANNEXURE-D

कार्यालय-मुख्य चिकित्साधिकारी, गौतमबुद्धनगर।

पत्रांक-प्रमाण पत्र/2017

दिनांक-15/04/2017

पंजीकरण/नवीनीकरण प्रमाण-पत्र

ठा0 गेहर बुगार बेबी, भोगमता एम0बी0एन0, बलीमिक/चिकित्सा, प्रतिष्ठान का गता फोर्डिस टॉपिमडल्ल लिमिटेड, बी-22, सेक्टर-62, नोएडा, जिला-गौतमबुद्धनगर, के आवेदन के आधार पर उपरोक्त चिकित्सालय को इस कार्यालय के पंजीकरण सं0-551/जी0बी0एन0/17-18 के द्वारा एलोपैथिक पद्धति से चिकित्सक कार्य करने हेतु पंजीकृत किया जाता है। उक्त चिकित्सालय में कार्यरत चिकित्सक, यदि सम्बन्धित पद्धति के अतिरिक्त किसी अन्य चिकित्सा पद्धति की प्रैक्टिस में लिप्त पाये जाते हैं, तो उनके विरुद्ध धारा 4 यूनाईटेड मेडिकल एक्ट 1917 के तहत कानूनी कार्यवाही की जायेगी।

1. आप नोटीफाइड रोगियों के नमूनों को रोगी के पूर्ण विवरण के साथ अद्योहस्ताक्षरी कार्यालय में कास चैक के लिए भेजें, जिससे नमूने का कास चैक कराकर रोग की पुष्टि की जा सके।
2. नर्सिंगहोम/अस्पताल में होने वाले प्रसव, टीकाकरण एवं जन्म-मृत्यु की सूचना अद्योहस्ताक्षरी के कार्यालय में प्रत्येक माह की 05 तारीख तक प्राप्त कराये।
3. एम0सी0टी0एस0 का फॉर्मट आपको उपलब्ध कराया जा रहा है, उसकी रिपोर्ट प्रत्येक सप्ताह अद्योहस्ताक्षरी के कार्यालय में प्राप्त कराये।

अन्यथा की दशा में आपका रजिस्ट्रेशन निरस्त करने की कार्यवाही अमल में लाई जा सकती है।
उपरोक्त पंजीकरण 31 मार्च 2018 तक मान्य होगा।



Medical Officer
Buddha Nagar

मुख्य चिकित्सा अधिकारी
C गौतमबुद्धनगर
Gautam Buddha Nagar

ANNEXURE-DE

FORM II
(See rule- 10)
ANNUAL REPORT

(To be submitted to the prescribed authority by 31 January every year)

1. Particulars of the applicant: **M/S INTERNATIONAL HOSPITAL LIMITED**
 - (i) Name of the authorized person (occupier/operator): **Pradeep Srivastava**
 - (ii) Name & address of the institution: **M/S INTERNATIONAL HOSPITAL LIMITED**
Address **B-22 Sector -62 , Noida G.B Nagar, (U.P) 201301**
Tel. No **0120-2400222**
Fax. No **0120-2403222**
2. Category of waste generated and quantity on a monthly average basis: **(Copy Enclosed)**
3. Brief details of the treatment facility:
In case off-site facility
 - (i) Name of the Operator: - **M/s. Synergy Waste Management (P) Ltd.**
 - (ii) Name and Address of the facility: **Near Compost plant, Okhla Tank, Mathura Road, New Delhi-110025 (INDIA)**
 - (iii) Tel. No., Telex No., Fax No. **91-11-26933371, 26933372**
4. Category-wise quantity of waste treated: **(Enclosed)**
5. Mode of treatment with details: **Incineration, Autoclaving, Shredding**
6. Any other information: **No**
7. Certified that the above report is for the period from 01st January 2016 to 31st December 2016

Date 17th January 2017

Place: Noida

Pradeep Srivastava
17-1-17
No. of copies submitted to the
prescribed authority

Pradeep Srivastava
Signature: Pradeep Srivastava
Designation: Chief Engineer



BIO MEDICAL WEST DETAIL OF JAN-16 TO DEC-2016								
MONTH	YELLOW BAG	NO OF KG	RED BAG	NO OF KG	BLUE BAG	NO OF KG	PPC BAG	NO OF KG
January.2016	931	4275	710	2355	113	612	218	429
Febuary.2016	954	4376	734	2665	111	663	240	480
March.2016	935	4299	680	2482	115	696	241	494
April.2016	875	4207	595	2480	124	730	219	442
May.2016	754	4300	525	2159	123	739	233	466
June.2016	718	4179	520	2055	133	719	212	444
July.2016	788	4240	570	1782	120	707	231	462
August.2016	863	4355	650	2237	134	738	246	493
September.2016	815	4364	627	2116	121	706	242	484
October.2016	815	4328	605	1980	123	708	278	426
November.2016	720	4195	446	1564	115	591	191	390
December.2016	839	4364	519	1743	123	673	189	382
TOTAL	10007	51482	7181	25618	1455	8282	2740	5392

ANNEXURE -F

NAME OF UNIT : Noida

NAME OF COMMITTEE : Infection control committee

1. Date & Time: 02.12.16 at 3.00 pm
2. Total no. of Members in the committee: 25
3. Number of members attended (attach attendance sheet): Total 17
4. Chairman, convener & essential Members present (Yes/No): yes
5. Details of members who neither attended nor sent a representative: 11 members
– Dr Vij, Dr Lata, Limcy, Shweta garg(has left) , Mr Anil, Dr Sudheer, Chhaya, Mr Verinder,

Agenda circulated prior to meeting (Yes/No): Yes
6. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) : yes.
7. Details of action items open from previous meeting : 2 (disposable gowns, Fungus growth in hospital) see below
8. Details of action items open from previous two meetings:one
9. Summary of discussion on Reports / documents of all essential Agenda items presented : please see below

10. Timelines & responsibilities

Action Item –	Responsibility	Expected Closure Date	Remarks
<ul style="list-style-type: none">• Pending- rear end door repair of ICU is still pending to which again engineering shared that this is deliberately tampered by certain persons• Col Tewari suggested that code purple to be announced for any security hazard in ICUs.• Also this point not being directly related to IC, would be discussed individually between col Tewari and dr Mrinal	Concerned ICU staff for announcing code purple.	Closed	

NAME OF UNIT : Noida

NAME OF COMMITTEE : Infection control committee

1. Date & Time: 10.8.16 at 12.00 pm
2. Total no. of Members in the committee: 27
3. Number of members attended (attach attendance sheet): Total 17 (14 out of committee)
4. Chairman, convener & essential Members present (Yes/No): yes
5. Details of members who neither attended nor sent a representative: 11 members
– Dr Nalin Sharma, Dr Vij, Dr Lata, Limcy, Shweta garg, Mr Anil, Dr Dina Shah (although sent a prior information of absence), Dr Saurabh Juneja, Dr Vipin Goel, Mr Anil, Mr Raj Kumar
Dr Mary Abraham has left the facility and another member will be added in her place.
6. Agenda circulated prior to meeting (Yes/No): Yes
7. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) . yes.
8. Details of action items open from previous meeting : 3 (check for attendants, disposable baldes, ventilator cleaning) see below
9. Summary of discussion on Reports / documents of all essential Agenda items presented : please see below
10. Timelines & responsibilities

Action Item –	Responsibility	Expected Closure Date	Remarks
<ul style="list-style-type: none">• pending points -Non availability of needle cutters with each bed and dressing trolleys - pending point• BD containers had been brought by purchase but these were not accepted by users due to very small size and issues in cutting.• A sample of another cutter presently used by lab to be shown to Col Tewari	Col Tewari	15 days	The new BMW guidelines do not mandate this, hence this point is being closed.

NAME OF UNIT : Noida

NAME OF COMMITTEE : Infection control committee

1. Date & Time: 29.4.2016 AT 4.00 PM
2. Total no. of Members in the committee: 27
3. Number of members attended (attach attendance sheet): 16
4. Chairman, convener & essential Members present (Yes/No): yes
5. Details of members who neither attended nor sent a representative: 11 members
– Dr Nalin Sharma, Mr Ashif, Dr Sudhir, Dr Vij, Dr Lata, Mr Ashif, Limcy, Dr Seema, Shweta garg, Mr Anil, Chayya , Post of quality head is vacant presently.
Agenda circulated prior to meeting (Yes/No): Yes
6. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) : yes.
7. Details of action items open from previous meeting : see below
8. Details of action items open from previous two meetings: none
9. Summary of discussion on Reports / documents of all essential Agenda items presented : please see below

10. Timelines & responsibilities

Action Item	Responsibility	Expected Closure Date	Remarks
<ul style="list-style-type: none">• Non availability of needle cutters with each bed and dressing trolleys - pending point• BD containers had been brought by purchase but these were not accepted by users due to very small size and issues in cutting.• A sample of another cutter presently used by lab to be shown to Col Tewari	Col Tewari	15 days	
<ul style="list-style-type: none">• It was shared that certain points from last meeting are still pending – rear end door repair of ICU and	Dr Mehar , Col Tewari	15 days	

NAME OF UNIT : Noida

NAME OF COMMITTEE : Infection control committee

1. Date & Time: 20.1.2016 AT 12.00 PM
2. Total no. of Members in the committee: 27
3. Number of members attended (attach attendance sheet): 17
4. Chairman, convener & essential Members present (Yes/No): yes
5. Details of members who neither attended nor sent a representative: 10 members
– Mr Sailesh Mishra, Dr Nalin Sharma, Mr Ashif, Dr Dina, Dr Vij, Dr Lata, Dr Saurabh, Dr Vipin, Mr Ashif, Post of quality head is vacant presently.
Agenda circulated prior to meeting (Yes/No): Yes
6. Discussion on Action Taken Report on action items / recommendations from previous meeting (Yes/No) : All points were closed, only one point was open , concerning neonatology, this was discussed personally with Dr Lata Bhatt and closed.
7. Details of action items open from previous meeting : none
8. Details of action items open from previous two meetings: none
9. Summary of discussion on Reports / documents of all essential Agenda items presented : please see below

10. Timelines & responsibilities

Action Item(first point is from last meeting, other points of last meeting are closed)	Responsibility	Expected Closure Date	Remarks
1. Dr Lata suggested that hospital blood stream infections in babies should be tracked	ICN, Dr Ravneet	Closed	This point had been pending, Dr Lata has discussed with Dr Ravneet- blood stream infections data in neonates would be shared with Dr Lata/team regularly. (since Dr Lata was not in this meeting, this point discussed personally)
3. Fixed agenda :	VAP- Dr Ravneet,	From February (VAP)	



ANNEXURE- G

B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222


To
Regional Officer,
UP Pollution Control Board,
Noida - 201301


SUBJECT: REPORTING OF ACCIDENT DECEMBER-2016

Dear Sir,

There was ONE Incident of Needle Stick Injury, while handling Bio Medical Waste for the Month of DECEMBER-2016

Thanking you,
Sincerely,


Col. (Retd.) Rahul Tewari
09th January 2017


MS
09-1-17
श्री. प्रो. प्रदीप सिंह
ई-12, 1, सेक्टर-62, नोएडा

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91 124 430 0000, Fax: +91-124-496 2222



B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida - 201301

SUBJECT: REPORTING OF ACCIDENT

Dear Sir,

Please find enclosed form No III, relating to needle stick injuries, while handling Bio Medical Waste for the month of DECEMBER-2016 on 27/12/2016 at 19:40.

Thanking you,

Sincerely,

A handwritten signature in black ink, appearing to be "Rahul Tewari".

Col. (Retd.) Rahul Tewari
09th January 2017




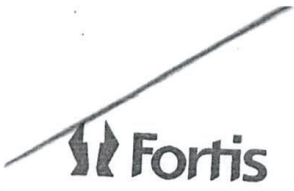
B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

FORM III
ACCIDENT REPORTING

1. Date and time of accident :
CASE (1):- 27/12/2016 at 19:40 / While clearing of red garbage bag in ground floor procedure room, got needle stick injury.
2. The waste involved in Accident: - Needle.
3. Assessment of the effects of the accidents on human health and the environment : NIL
4. Steps taken to prevent the recurrence of such an accident: training given

Date: 09th January 2017
Place: Noida


Signature Col. (Retd.) Rahul Tewari
Designation Head Admin



FORM III
CASE: - 1

B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

ACCIDENT REPORTING

1. Date and time of accident:- 27/12/2016 at 19:40
2. While clearing of red garbage bag in ground floor procedure room, got needle stick injury.
3. The waste involved in Accident: - Needle.
4. Assessment of the effects of the accidents on human health and the environment : NIL
5. Emergency measures taken: Inj.Hep.B Vaccine 1 ST dose& inj.T T provided on 27/12/2016 Base line viral markers send on 27/12/2016. -Non-reactive.
6. Steps taken to prevent the recurrence of such an accident: training given

Date: 09th January 2017
Place: Noida


Signature Col. (Retd.) Rahul Tewari
Designation Head Admin



B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

To,
Regional Officer,
UP Pollution Control Board,
Noida - 201301

SUBJECT: REPORTING OF ACCIDENT NOVEMBER-2016

Dear Sir,

There was ZERO Incident of Needle Stick Injury, while handling Bio Medical Waste for the Month of NOVEMBER-2016

Thanking you,

Sincerely,

Col. (Retd.) Rahul Tewari
12th December 2016

Regional Office
U. P. Pollution Control Board
NOIDA

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)

Tel: +91-124-438 6666, Fax: +91-124-496 2222



B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida - 201301

SUBJECT: REPORTING OF ACCIDENT OCTOBER-2016

Dear Sir,

There was **ZERO** Incident of Needle Stick Injury, while handling Bio Medical Waste for the Month of OCTOBER-2016

Thanking you,

Sincerely,

Col. (Retd.) Rahul Tewari
07th October 2016

Handwritten signature: P. M. Chaudhary
ASST. Dir. Pollution Control Board
UP Pollution Control Board
B-22, Sector 62, Noida



B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida - 201301


SUBJECT: REPORTING OF ACCIDENT September-2016


Dear Sir,

There was **ZERO** Incident of Needle Stick Injury, while handling Bio Medical Waste for the Month of September-2016

Thanking you,

Sincerely,


Col. (Retd.) Rahul Tewari
07th October 2016


Regional Officer
U. P. Pollution Control Board
NOIDA

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91-124-438 6666, Fax: +91-124-496 2222



B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida - 201301

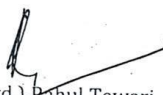
SUBJECT: REPORTING OF ACCIDENT AUGUST-2016


Dear Sir,

There was **ZERO** Incident of Needle Stick Injury, while handling Bio Medical Waste for the Month of AUGUST-2016

Thanking you,

Sincerely,


Col. (Retd.) Rahul Tewari
01st September 2016


17-9-16
उप प्र. प्रदूषण नियंत्रण बोर्ड
नोडा

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91-124-438 6666, Fax: +91-124-496 2222



B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida - 201301

SUBJECT: REPORTING OF ACCIDENT JULY-2016

Dear Sir,

There was **ZERO** Incident of Needle Stick Injury, while handling Bio Medical Waste for the Month of JULY-2016

Thanking you,

Sincerely,

Col. (Retd.) Rahul Tewari
02nd August 2016

Received
M. Chaudhary
02-08-16
क्षेत्रीय कार्यालय
उ० प्र० प्रदूषण नियंत्रण बोर्ड
ई-12/1, सेक्टर-1, नोएडा

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91-124-438 6666, Fax: +91-124-496 2222



B-22, Sector 62,
Noida- 201301
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida - 201301

SUBJECT: REPORTING OF ACCIDENT JUNE -2016

Dear Sir,

There was **ZERO** Incident of Needle Stick Injury, while handling Bio Medical Waste for the Month of JUNE-2016

Thanking you,

Sincerely,

Col. (Retd.) Rahul Tewari
08th July 2016

Regional Office
U. P. Pollution Control Board
NOIDA

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91-124-438 6666, Fax: +91-124-496 2222



B-22, Sector 62,
Noida- 201309
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida – 201301

SUBJECT: REPORTING OF ACCIDENT MAY -2016


Dear Sir,

There was **ONE** Incident of Needle Stick Injury, while handling Bio Medical Waste for the Month of MAY-2016

Thanking you,

Sincerely,


Col. (Retd.) Rahul Tewari
02nd June 2016


03-6-16
क्षेत्रीय कार्यालय
उ० प्र० प्रदूषण नियंत्रण बोर्ड
प्लॉ-12/1, गुरुगंज-1, गुरुगंज

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)

Tel: +91-124-438 6666, Fax: +91-124-496 2222



B-22, Sector 62,
Noida- 201309
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida - 201301


SUBJECT: REPORTING OF ACCIDENT


Dear Sir,

Please find enclosed **form No III**, relating to needle stick injuries, while handling Bio Medical Waste for the month of MAY-2016 on 25/05/2016 at 04:50PM.

Thanking you,

Sincerely,


Col. (Retd.) Rahul Tewari
02nd June 2016


Prasad
03-6-16
के.के. मेमोरियल
उपग्रह प्रदूषण नियंत्रण बोर्ड
ई-12/1, सेक्टर-1, नोएडा

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91-124-438 6666, Fax: +91-124-496 2222

FORM III

ACCIDENT REPORTING

1. Date and time of accident :
CASE (1)- 25/05/2016 at 04:50 PM / While Removing Garbage from house-keeping service trolley, HK Staff got Needle stick injury.
2. The waste involved in Accident: - Needle.
3. Assessment of the effects of the accidents on human health and the environment : NIL
4. Steps taken to prevent the recurrence of such an accident: training given

Date: 02nd June 2016
Place: Noida


Signature Col. (Retd.) Rahul Tewari
Designation Head Admin


FORM III

CASE: - 1

ACCIDENT REPORTING

1. Date and time of accident: - 25/05/2016 at 04:50 PM.
2. While Removing Garbage from house-keeping service trolley.
3. The waste involved in Accident: - Needle.
4. Assessment of the effects of the accidents on human health and the environment : NIL
5. Emergency measures taken: Inj.Hep.B Vaccine 1 ST dose& inj.T T provided on 25/05/2016 Base line viral markers send on 25/05/2016. -Non-reactive.
6. Steps taken to prevent the recurrence of such an accident: training given

Date: 02nd June 2016
Place: Noida


Signature Cbl. (Retd.) Rahul Tewari
Designation Head Admin



B-22, Sector 62,
Noida- 201309
Tel: +91-120-4300222

To,
Regional Officer,
UP Pollution Control Board,
Noida - 201301

SUBJECT: REPORTING OF ACCIDENT APRIL -2016

Dear Sir,

There was ONE Incident of Needle Stick Injury, while handling Bio Medical Waste for the Month of APRIL-2016

Thanking you,

Sincerely,

Col. (Retd.) Rahul Tewari
Head Admin
05th May 2016

Regional Officer,
U. P. Pollution Control Board
NOIDA

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91-124-438 6666, Fax: +91-124-496 2222



B-22, Sector 62,
Noida- 201309
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida - 201301

SUBJECT: REPORTING OF ACCIDENT

Dear Sir,

Please find enclosed form No III, relating to needle stick injuries, while handling Bio Medical Waste for the month of APRIL-2016 on 11/04/2016 at 08:00AM.

Thanking you,

Sincerely,

A handwritten signature in black ink, appearing to be "Rahul Tewari".

Col. (Retd.) Rahul Tewari
05th May 2016

International Hospital Limited

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FORM III
FORM III
ACCIDENT REPORTING

1. Date and time of accident :
CASE (1):- 11/04/2016 at 08:00 AM / While cleaning dirty utility room HK Staff got pricked from Vaccutainer needle.
2. The waste involved in Accident: - Needle.
3. Assessment of the effects of the accidents on human health and the environment : NIL
4. Steps taken to prevent the recurrence of such an accident: training given

Date: 05th May 2016
Place: Noida



Signature Col. (Retd.) Rahul Tewari
Designation Head Admin

FORM III

CASE: - 1

ACCIDENT REPORTING

1. Date and time of accident:-11/04/2016 at 08:00 AM.
2. While cleaning dirty utility room HK Staff got pricked from Vaccutainer needle.
3. The waste involved in Accident: - Needle.
4. Assessment of the effects of the accidents on human health and the environment : NIL
5. Emergency measures taken: Inj.Hep.B Vaccine 1 ST dose& inj.T T provided on 11/04/2016 Base line viral markers send on 11/04/2016. -Non-reactive.
6. Steps taken to prevent the recurrence of such an accident: training given

Date: 05th May 2016
Place: Noida



Signature Col. (Retd.) Rahul Tewari
Designation Head Admin



B-22, Sector 62,
Noida- 201309
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida - 201301


SUBJECT: REPORTING OF ACCIDENT MARCH -2016

Dear Sir,

There was ZERO Incident of Needle Stick Injury, while handling Bio Medical Waste for the Month of MARCH-2016

Thanking you,

Sincerely,


Col. (Retd.) Rahul Tewari
04th April 2016

*Praveen
Chakraborty*
04-4-16
120-4300222

International Hospital Limited

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B-22, Sector 62,
Noida- 201309
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida - 201301

SUBJECT: REPORTING OF ACCIDENT

Dear Sir,

Please find enclosed form No III, relating to needle stick injuries, while handling Bio Medical Waste for the month of FEB-2016 on 11/02/2016 at 09:00Pm & FEB-2016.

Thanking you,

Sincerely,

Authorised Signatory

Col. (Retd.) Rahul Tewari
07th March 2016

Recd.
(M) hake
09-3-16

International Hospital Limited
CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)
Tel: +91-124-438 6666, Fax: +91-124-496 2222



B-22, Sector 62,
Noida- 201309
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida – 201301

SUBJECT: REPORTING OF ACCIDENT FEB -2016

Dear Sir,

There was ONE Incident of Needle Stick Injury, while handling Bio Medical Waste for the Month of FEB-2016

Thanking you,

Sincerely,

Col. (Retd.) Rahul Tewari
07th March 2016

Present
Rahul Tewari
09-3-16

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)


Tel: +91-124-438 6666, Fax: +91-124-496 2222

FORM III

ACCIDENT REPORTING

1. Date and time of accident :
CASE (1):- 11/02/2016 at 09:00 pm / While loading waste on garbage trolley to transport waste in central garbage area, H K Staff got NSI.
2. The waste involved in Accident: - Needle.
3. Assessment of the effects of the accidents on human health and the environment : NIL
4. Steps taken to prevent the recurrence of such an accident: training given

Date: 07th March 2016
Place: Noida


Signature Col. (Retd.) Rahul Tewari
Designation Head Admin

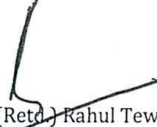
FORM III

CASE: - 1

ACCIDENT REPORTING

1. Date and time of accident: 11/02/2016 at 09:00pm.
2. While loading waste on garbage trolley to transport waste in central garbage area, H K Staff got NSI
3. The waste involved in Accident: - Needle.
4. Assessment of the effects of the accidents on human health and the environment : NIL
5. Emergency measures taken: Inj.Hep.B Vaccine 1 ST dose& inj.T T provided on 11/02/2016 Base line viral markers send on 11/02/2016. -Non-reactive.
6. Steps taken to prevent the recurrence of such an accident: training given

Date: 07th March 2016
Place: Noida


Signature Col. (Retd.) Rahul Tewari
Designation Head Admin



B-22, Sector 62,
Noida- 201309
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida - 201301

SUBJECT: REPORTING OF ACCIDENT JANUARY -2016

Dear Sir,

There was TWO Incident of Needle Stick Injury, while handling Bio Medical Waste for the Month of JANUARY-2016

Thanking you,

Sincerely,

Col. (Retd.) Rahul Tewari
05th February 2016

Retd.
Rahul Tewari
05-2-16
30

International Hospital Limited

CIN: U74999HR1994PLC048225

Registered Office : Fortis Memorial Research Institute, Sector-44, Gurgaon-122002 (India)

Tel: +91-124-438 6666, Fax: +91-124-496 2222



B-22, Sector 62,
Noida- 201309
Tel: +91-120-4300222

To
Regional Officer,
UP Pollution Control Board,
Noida - 201301

SUBJECT: REPORTING OF ACCIDENT

Dear Sir,

Please find enclosed one form No III, relating to needle stick injuries, while handling Bio Medical Waste for the month of January-2016 on 12/01/2016 at 10:30Pm & January-2016 on 13/01/2016 at 10:30Pm.

Thanking you,

Sincerely,

Col. (Retd.) Rahul Tewari
05th February, 2016

Rahul Tewari
05-2-16

International Hospital Limited

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FORM III
FORM III
ACCIDENT REPORTING

1. Date and time of accident :
CASE (1):- 12/01/2016 at 10:30pm / While clearing of Black garbage bag, H K Staff got
NSI.

CASE (2):- 13/01/2016 at 10:30pm / While clearing of Red garbage bag, H K Staff got
NSI
2. The waste involved in Accident: Needle.
3. Assessment of the effects of the accidents on human health and the environment : NIL
4. Steps taken to prevent the recurrence of such an accident: training given

Date: 05th February 2016
Place: Noida


Signature Col. (Retd.) Rahul Tewari
Designation Head Admin

FORM III

CASE:- 1

ACCIDENT REPORTING

1. Date and time of accident: 12/01/2015 at 10: 30pm .
2. HK Staff was clearing the waste bags (BLACK) ,while clearing Staff got NSI.
3. The waste involved in Accident: N/A
4. Assessment of the effects of the accidents on human health and the environment : NIL
5. Emergency measures taken: Inj.Hep.B Vaccine 1 ST dose& inj.T T provided on 12/01/2016 Base line viral markers send on 12/01/2016. -Non-reactive.
6. Steps taken to prevent the recurrence of such an accident: training given

CASE:- 2

ACCIDENT REPORTING

1. Date and time of accident : 13/01/15 at 10:30pm
2. HK Staff was clearing the waste bags (RED), While clearing Staff got NSI
3. The waste involved in Accident: N/A
4. Assessment of the effects of the accidents on human health and the environment : NIL
5. Emergency measures taken: Inj.Hep.B Vaccine booster dose &Inj. T T provided on 13/01/2016. Base line viral markers send on 13/01/2016 -Non-reactive.
6. Steps taken to prevent the recurrence of such an accident: training given