

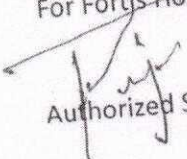
27th June 2018

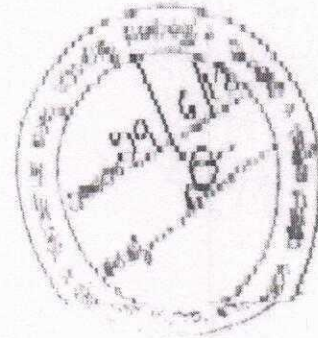
The Environmental Officer
Bangalore City West
Karnataka State Pollution Control Board
Nisarga Bhavan, 1st Floor,
Thimmaiah Road, 'D' Main Road,
Shivanagar,
Bangalore-560 010

Dear Sir,

We are enclosing herewith Bio-Medical Waste Handling Annual Returns in Form IV for the year 2017 along with copies of Register for our Hospital i.e. Fortis Hospitals Limited No.14, Cunningham Road, Bangalore-560 052.

Thanking you
Yours Cordially
For Fortis Hospitals Limited


Authorized Signatory



(See rules)
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)	:	Dr. PRIYA SREEHARAN
	(ii) Name of HCF or CBMWTF	:	Anu Auto Clave & Incin Services Ltd -
	(iii) Address for Correspondence	:	S-13, KCD Complex, Unity Building Mission Road B'lore-560027
	(iv) Address of Facility	:	Fortis Hospitals Limited No.14, Cunningham Rd, Bangalore-560052
	(v) Tel. No, Fax. No	:	080-4199 4444
	(vi) E-mail ID	:	Mohan.shekar@fortishealthcare.com
	(vii) URL of Website	:	www.fortishealthcare.com
	(viii) GPS coordinates of HCF or CBMWTF	:	Anu Auto Clave & Incin Services Ltd
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation KSPCB/BC(West)Biomedi/HD No.100049/2015-16/R2545 Dated 28/10/2015 Valit upto 30.06.2018
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:30/09/2020
2.	Type of Health Care Facility	:	Multispecialty Hospital
	(i) Bedded Hospital	:	No. of Beds: 140
	(ii) Non-bedded hospital	:	

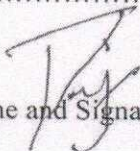
	Laborator (Clinic or Blood Bank or Clinical y Research Institute or Veterinary Hospital or any other)												
	(iii) License number and its date of expiry												
3.	Details of CBMWTF	:											
	(i) Number healthcare facilities covered by CBMWTF	:											
	(ii) No of beds covered by CBMWTF	:											
	(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)	:	<table border="1"> <tr> <td>Yellow Category</td> <td>:29224 Kg</td> </tr> <tr> <td>Red Category :</td> <td>: 32224 Kg</td> </tr> <tr> <td>White:</td> <td>: 7419 Kg</td> </tr> <tr> <td>Blue Category :</td> <td></td> </tr> <tr> <td>General Solid waste:</td> <td></td> </tr> </table>	Yellow Category	:29224 Kg	Red Category :	: 32224 Kg	White:	: 7419 Kg	Blue Category :		General Solid waste:	
Yellow Category	:29224 Kg												
Red Category :	: 32224 Kg												
White:	: 7419 Kg												
Blue Category :													
General Solid waste:													
5	Details of the Storage, treatment, transportation, processing and Disposal Facility												
	(i) Details of the ^{on-} site storage facility	:	<table border="1"> <tr> <td>Size</td> <td>:</td> </tr> <tr> <td>Capacity :</td> <td></td> </tr> <tr> <td>Provision of on-site storage any other provision)</td> <td>: (cold storage or</td> </tr> </table>	Size	:	Capacity :		Provision of on-site storage any other provision)	: (cold storage or				
Size	:												
Capacity :													
Provision of on-site storage any other provision)	: (cold storage or												

disposal facilities		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
(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	:				
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge	Quantity generated	Where disposed	
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:				
(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					
7 Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management.					

	(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		
	(i) Number of Accidents occurred	6	
	(ii) Number of the persons affected	Nil	
	(iii) Remedial Action taken (Please attach details if any)		Appropriate Counselling & Post exposure follow up done use of PPE encouraged
	(iv) Any Fatality occurred, details.		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		
	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?		
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

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.....


Name and Signature of the Head of the Institution

Date:
Place

Date - 14-6-2018

To,

**The environmental officer,
Karnataka state Pollution control board
BANGALURU CITY WEST**

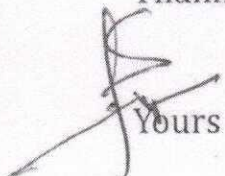
Respected sir,

Subject: - Regarding Submission of annual returns by the occupier or operator of a facility (Hazardous waste) report in the form 1V for the year 2017-2018

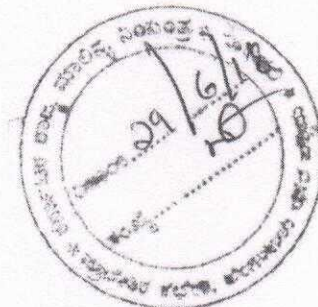
With reference to above, we are here by submitting of annual returns by the occupier or operator manifest for hazardous waste of a facility report in the form 1V for the year 2017-2018 also attached copy of authorization for handling hazardous waste for you reference

Kindly acknowledge the receipt of the same

Thanking you



Yours faith fully,



FORM 4

[See rules 6(5), 13(8), 16(6) and 20 (2)]

FORM FOR FILING ANNUAL RETURNS

[To be submitted to State Pollution Control Board by 30th day of June of every year for the preceding period April to March]

1. Name and address of facility:
2. Authorisation No. and Date of issue:
3. Name of the authorised person and full address with telephone, fax number and e-mail
4. Production during the year (product wise), wherever applicable

Part A. To be filled by hazardous waste generators

1. Total quantity of waste generated category wise
2. Quantity dispatched
 - (i) to disposal facility
 - (ii) to recycler or co-processors or pre-processor
 - (iii) others
3. Quantity utilised in-house, if any -
4. Quantity in storage at the end of the year -

Part B. To be filled by Treatment, storage and disposal facility operators

1. Total quantity received -
2. Quantity in stock at the beginning of the year -
3. Quantity treated -
4. Quantity disposed in landfills as such and after treatment -
5. Quantity incinerated (if applicable) -
6. Quantity processed other than specified above -
7. Quantity in storage at the end of the year -

Part C. To be filled by recyclers or co-processors or other users

1. Quantity of waste received during the year -
 - (i) domestic sources
 - (ii) imported (if applicable)
2. Quantity in stock at the beginning of the year -

MANIFEST FOR HAZARDOUS AND OTHER WASTE

1. Sender's name and mailing address (including Phone No. and e-mail)				
2. Sender's authorisation No.	PUS/HWM/EO/DO/HD/14/17/2018			
3. Manifest Document No.	313			
4. Transporter's name and address: (including Phone No. and e-mail)				
5. Type of Vehicle	(Truck/Tanker/Special Vehicle)			
6. Transporter's registration No.	KIA-00-5003			
7. Vehicle registration No.				
8. Receiver's name and mailing address (including Phone No. and e-mail)	Alfa Refineries Plot # 310H, Bennikuppa Road, KIADB Industrial Area, Harohalli 2nd Phase, Kanakapura Taluk, Ramanagara Dist.- 562 112, E-mail:alfarefineries@gmail.com, Mob : 9448240965, 9740677771			
9. Receiver's authorisation No.:	PUS/HWM/EO/DO/HD/14/17/2018			
10. Waste description	Waste Oil			
11. Total quantity No. of Containers	No. of Quantity m3 or MT 2000			
12. Physical form	(Solid/Semi-Solid/Sludge/Oily/Tarry/Slurry/Liquid)			
13. Special handling instructions and additional information				
14. Sender's Certificate	I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are categorised, packed, made, and proper conditions for transport by road according to applicable national government regulations			
Name and stamp:	Signature:	Month	Day	Year
		06	13	2018
15. Transporter acknowledgement of receipt of Wastes				
Name and stamp:	Signature:	Month	Day	Year
		06	13	2018
16. Receiver's certification for receipt of hazardous and other wastw				
Name and stamp:	Signature:	Month	Day	Year
		06	13	2018

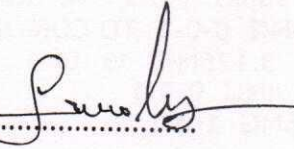
- 1) White To be Forwarded by the Sender to the State Pollution Control after Signing all the Seven Copies
- 2) Yellow To be Retained by the Sender after Signature on it from the transporter and rest of the Five Signed Copies to be Carried by transporter
- 3) Pink To be retained by the Receiver Actual User of treatment Storage and disposal Facility operator receiving the waste and the remaining Four Copies are to be duly signed by the receiver
- 4) Orange To be handed over to the transporter by the receiver after accepting Waste.
- 5) Green To be sent by the receiver to the State Pollution Control Board.
- 6) Blue To be sent by the receiver to the Sender.
- 7) Grey To be Sent by the receiver to the State Pollution Control Board of the Sender in cash the Sender's is in another State.

FORM III

ACCIDENT REPORTING BIOMEDICAL WASTE MANAGEMENT

1. Date and time of accident: NIL JAN - DEC 2017
2. Sequence of events leading to accident: NIL
3. The waste involved in accident: NIL
4. Assessment of the effects of the accidents on human health and the environment: NIL
5. Emergency measures taken: NIL
6. Steps taken to alleviate the effects of accidents: NIL
7. Steps taken to prevent the recurrence of such an accident: NIL

Date...27/06/2018

Signature...

Fost's Hospitals
Cunningham Road,
Place...BANGALORE.

Designation...HEAD...DK

FORM I

ACCIDENT REPORTING

1. Date and time of accident: 01.08.17 10.30^{am}.
2. Type of Accident: Scalpel blade.
3. Sequence of events leading to accident: Found a scalpel blade on floor. Tried to remove the blade and sustain sharp injury.
4. Has the Authority been informed immediately: Yes.
5. The type of waste involved in accident: Sharp.
6. Assessment of the effects of the accidents on human health and the environment: Yes NSI proto followed.
7. Emergency measures taken: Victims blood sample sent.
8. Steps taken to alleviate the effects of accidents: PPE to be worn while handling Sharps.
9. Steps taken to prevent the recurrence of such an accident: Retraining and monitoring.
10. Does your facility have an Emergency Control policy? If yes give details: Yes.
Epinet form, Blood testing against Serology is done.
Counseling in case of positive case exposure and ART.
treatment will be done.

Date...27.06.18

Signature.....Mason

Place...F&B's Hospital.
Cunningham Road.

Designation...Infection Control Nurse

FORM I

ACCIDENT REPORTING

1. Date and time of accident: 16.08.17 10.45 am .
2. Type of Accident: Needle stick Injury .
3. Sequence of events leading to accident: Protruding Insulin Syringe pierced the victim from Puncture proof Container .
4. Has the Authority been informed immediately: Yes .
5. The type of waste involved in accident: Insulin Syringe
6. Assessment of the effects of the accidents on human health and the environment: Yes. NSI protc followed .
7. Emergency measures taken: Victims blood sample sent .
8. Steps taken to alleviate the effects of accidents: PPE to be worn while handling PPC, when PPC are filled 3/4 to be changed, quality of PPC be checked .
9. Steps taken to prevent the recurrence of such an accident: Retraining and monitoring
10. Does you facility has an Emergency Control policy? If yes give details: Yes .

Epinet form, Blood testing against serology is done
Counseling in case of positive case exposure and ART
treatment will be done

Date...27.06.18

Signature.....*[Signature]*

Place...*Foxis Hospital* .
Cunningham Road .

Designation...*Infection Control Nurse*

FORM I

ACCIDENT REPORTING

1. Date and time of accident: 14.6.17 . 12:05 PM .
2. Type of Accident: Sharp injury
3. Sequence of events leading to accident: While Clearing the patient bedside 100ml NS empty bottle was mlv stand the Cap got disconnected and Sustained NSI.
4. Has the Authority been informed immediately: Yes .
5. The type of waste involved in accident: NSI.
6. Assessment of the effects of the accidents on human health and the environment: Yes, NSI protoc followed .
7. Emergency measures taken: Victims blood sample sent .
8. Steps taken to alleviate the effects of accidents: PPE to be worn while handling patients bedside .
9. Steps taken to prevent the recurrence of such an accident: Retraining and monitoring
10. Does you facility has an Emergency Control policy? If yes give details: Yes .
Epinet form, Blood testing against Serology is done.
Counseling in case of positive case exposure and ART.
treatment will be done .

Date..27.06.18 .

Signature.....*Maha*

Place..Fosh's Hospitals .
Cunningham Road .

Designation..Infection.....Control Nuase .

FORM I

ACCIDENT REPORTING

1. Date and time of accident: 26.05.17 . 6.40PM .
2. Type of Accident: Sharp injury
3. Sequence of events leading to accident: Blue liner was not placed in cardboard box. lifted the liner sustained sharp injury .
4. Has the Authority been informed immediately: Yes .
5. The type of waste involved in accident: Biopsy aspiration needle from endosco
6. Assessment of the effects of the accidents on human health and the environment: Yes, NSI protocol followed .
7. Emergency measures taken: Victims blood sample sent .
8. Steps taken to alleviate the effects of accidents: Taken class to the dept as well HI Blue liner should be placed in cardboard box and the continuous monitoring done .
9. Steps taken to prevent the recurrence of such an accident: Retraining and monitoring
10. Does your facility have an Emergency Control policy? If yes give details: Yes .
Epinet form ; Blood sample testing against serology done .
Counseling in case of positive case exposure and ART .
treatment will be done

Date...27.06.18 .

Signature.....~~Mason~~.....

Place...Foxhills Hospitals .
Cunningham Road .

Designation.....Infection Control Nurse

FORM I

ACCIDENT REPORTING

1. Date and time of accident: 05.05.17 . 5.15 PM .
2. Type of Accident: Needle stick Injury .
3. Sequence of events leading to accident: Found a lancet near the trolley out of curiosity opened and checked, tried to recap sustain NSI.
4. Has the Authority been informed immediately: Yes
5. The type of waste involved in accident: Needle .
6. Assessment of the effects of the accidents on human health and the environment: Yes, NSI protocol followed .
7. Emergency measures taken: Victims blood sample sent .
8. Steps taken to alleviate the effects of accidents: Proper disposal, monitoring and use of PPE was encouraged. Explained patient to carry the remaining medicines (Insulin Pens) back home.
9. Steps taken to prevent the recurrence of such an accident: Retraining and monitoring was done.
10. Does your facility have an Emergency Control policy? If yes give details: Yes .
Epinet form, Blood sample testing against serology done.
Counseling in case of positive case. exposure and ART treatment will be done.

Date...27.06.18.

Signature.....*Mason*

Place...Fostis Hospital .
Cunningham Road .

Designation...Infection Control Nurse .

FORM I

ACCIDENT REPORTING

1. Date and time of accident: 25.01.17. 11:15 am.
2. Type of Accident: Needle stick injury.
3. Sequence of events leading to accident: While clearing the general waste, Sustain NSI on his right palm from a blunt needle.
4. Has the Authority been informed immediately: Yes
5. The type of waste involved in accident: Needle.
6. Assessment of the effects of the accidents on human health and the environment: Yes NSI Protocol followed.
7. Emergency measures taken: Victims blood sample sent.
8. Steps taken to alleviate the effects of accidents: Proper disposal monitoring and use of PPE.
9. Steps taken to prevent the recurrence of such an accident: Retraining and monitoring
10. Does you facility has an Emergency Control policy? If yes give details: Yes
Epinet form, Blood sample testing against Serology
Counseling in case of positive case exposure and ART
treatment will be done.

Date...27.06.18.

Signature.....Mam.....

Place...Fox's Hospital .
Cunningham Road.

Designation...Infection Control Nurse