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Fortis Hospitals Limited  
14, Cunningham Road,  
Bangalore - 560 052.  
Tel : +91 - 80 - 4199 4444.  
Email : care.cg@fortishealthcare.com  
www.fortisbangalore.com  
CIN No. - U93000DL2009PLC222166

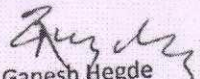
27<sup>th</sup> June, 2017

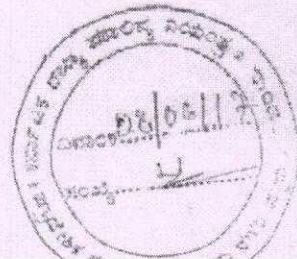
The Environmental Officer  
Bangalore City West  
Karnataka State Pollution Control Board  
Nisarga Bhavan, 1<sup>st</sup> Floor,  
Thimmaiah Road , 'D' Main Road, Shivnagar,  
BANGALORE -560 010

Dear Sir,

We are enclosing herewith Bio-Medical Waste handling Annual Return in Form IV for the Year 2016 along with copies of Register and acknowledgement slips for our Hospital i.e. Fortis Hospital, No.14, Cunningham Road, Bangalore-52

Thanking you,  
Yours cordially,  
For Fortis Hospital Limited

  
Ganesh Hegde  
Associate General Manager





**Form - IV**  
**(See rule13)**  
**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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. VISHNU VARDHAN
	(ii) Name of HCF or CBMWTF	:	
	(iii) Address for Correspondence	:	
	(iv) Address of Facility	:	FORTIS HOSPITAL LTD, NO.14, CUNNINGHAM ROAD, BANGALORE - 5.
	(v) Tel. No, Fax. No	:	080 - 4199 4464
	(vi) E-mail ID	:	Geetha Man @ Fortis Health care .6
	(vii) URL of Website	:	WWW.FORTIS HEALTHCARE.COM
	(viii) GPS coordinates of HCF or CBMWTF	:	Anu Auto Care.
	(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.: KSPUB/BIOMED/310-1100/11.10.2015 valid up to 30.06.2020 1000 2015 10.25
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30/09/2020
2.	Type of Health Care Facility	:	MULTISPECIALITY HOSPITAL



	(Clinic or Blood Bank or Research Institute or other)	Laborator Clinical y 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)		: 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	Size :	
		Capacity :	
		Provision of on-site storage : (cold storage or any other provision)	



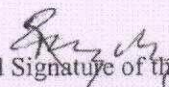
disposal facilities		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)			
(iv) No of vehicles used for collection 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		AND AUTOCLAVE & INCIN SERVICES			
(vii) List of member HCF not handed over bio-medical waste.					
6 Do you have bio-medical waste management committee? If yes, attach					



	(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	Please refer attachment for details of accidents for Housekeeping Staff	
	(i) Number of Accidents occurred	5	
	(ii) Number of the persons affected	3	
	(iii) Remedial Action taken (Please attach details if any)	Appropriate Counselling & Post exposure follow up done by the Infection Control Team	
	(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:

FORTIS HOSPITALS LIMITED



FORM III

ACCIDENT REPORTING BIOMEDICAL WASTE MANAGEMENT

Jan 2016 - Dec 2016

1. Date and time of accident: Nil

2. Sequence of events leading to accident: Nil

3. The waste involved in accident: Nil

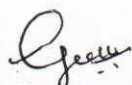
4. Assessment of the effects of the accidents on human health and the environment: Nil

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: 27.06.2017

Signature: 

Place: Forth's Hospitals >  
Cunningham Road

Designation: House keeping Incharge

FORM I

ACCIDENT REPORTING

1. Date and time of accident: 21.01.16 and 6am.

2. Type of Accident: Sharp injury.

3. Sequence of events leading to accident: while collecting the waste bags.  
Sustained superficial cut injury from General waste

4. Has the Authority been informed immediately: Yes

5. The type of waste involved in accident: unidentified sharp.

6. Assessment of the effects of the accidents on human health and the environment: Yes NSI proto  
followed

7. Emergency measures taken: Victim blood sample sent.

8. Steps taken to alleviate the effects of accidents: Retraining & proper disposable  
Monitoring

9. Steps taken to prevent the recurrence of such an accident: Retraining & Monitoring

10. Does your facility have an Emergency Control policy? If yes give details: Yes.

Epinet form, Blood sample testing against serology  
Counseling in case of positive exposure and  
ART treatment.

Date..27.06.2017

Signature.....Mam

Place...Forbis Hospitals -  
Cunningham Road

Designation...Infection Control Nurse

FORM I

ACCIDENT REPORTING

1. Date and time of accident: 13.02.16 at 7.30 am.
2. Type of Accident: Sharp injury
3. Sequence of events leading to accident: While he was picking the garbage bag from the trolley and storing in the storage room he
4. Has the Authority been informed immediately: Sustained Superficial Sharp Injury below the knee Yes.
5. The type of waste involved in accident: Unknown Sharp (Blade).
6. Assessment of the effects of the accidents on human health and the environment: Yes NSI protocol followed.
7. Emergency measures taken: Victim 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 & Monitoring
10. Does your facility have an Emergency Control policy? If yes give details: Yes.  
Epinet form, Blood sample testing against serology.  
Counseling in case of positive exposure and ART treatment.

Date: 27.06.2017

Signature: Mary

Place: Foshs Hospitals,  
Cunningham Road.

Designation: Infection Control Nurse



FORM I

ACCIDENT REPORTING

1. Date and time of accident: 19.04.16 . at 6.45pm .
2. Type of Accident: Needle stick injury
3. Sequence of events leading to accident: While cleaning the cardiac table .  
Sustained injury in the index finger with the open needle & .  
which was unnoticed .
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: Victim 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 & monitoring
10. Does your facility have an Emergency Control policy? If yes give details: Yes  
Episet form, Blood sample testing against serology  
counseling in case of positive exposure and ART  
treatment .

Date 27.06.2017

Signature.....Mam

Place Fox's Hospitals,  
Cunningham Road.

Designation.....Infection Control Nn



FORM I

ACCIDENT REPORTING

1. Date and time of accident: 13.05.16 at 5.30pm.
2. Type of Accident: NSI
3. Sequence of events leading to accident: While cleaning the OT after the Case Victim sustained Superficial NSI on his right heel. from a needle which was found on the floor.
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: Victim blood sample sent.
8. Steps taken to alleviate the effects of accidents: proper disposal monitoring & use of PPE.
9. Steps taken to prevent the recurrence of such an accident: Retraining & monitoring
10. Does your facility have an Emergency Control policy? If yes give details: Yes. Epinet form, Blood sample testing against serology Counseling in case of positive Exposure and ART. treatment.

Date: 27.06.2017

Signature: Mary

Place: Fox's Hospitals,  
Cunningham Road.

Designation: Infection Control Nurse



FORM I

ACCIDENT REPORTING

1. Date and time of accident: 02.09.16 at 5pm.

2. Type of Accident: NSI.

3. Sequence of events leading to accident: While collecting the waste bags  
Sustained needle stick injury from General waste.

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: Victim 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 & monitoring

10. Does your facility have an Emergency Control policy? If yes give details: Yes  
Epinet form, Blood sample testing against serology  
Counseling in case of positive exposure and ART  
treatment

Date: 27.06.2017

Signature: Masam

Place: Fosbi's Hospital's,  
Cunningham Road

Designation: Infection Control Nurse