

To,
The Environment engineer
Punjab pollution control board
RO-3 gill road Ludhiana Punjab.

**Subject – Annual report under the management & handling of bio
medical waste rules 2016.**


Dear Sir,

Please find hear with enclosed copy of annual report for the period
from 1st jan2018 to 31st December 2018.


Thank you


4/6/18




Benish

4/6/18

A UNIT OF FORTIS HOSPITALS LIMITED

Regd. Office : Escorts Heart Institute and Research Centre, Okhla Road, New Delhi-110 025.
Tel. +91-11-26829000, 26825001, Fax : +91-11-416258435 CIN - U03000DL2000PLC222168

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)	: Dr. Pinak Moudgil
	(ii) Name of HCF	: Fortis hospital ludhiana.
	(iii) Address for Correspondence	: Mundina Khurd Chandigarh road Ludhiana
	(iv) Address of Facility	: Ludhiana
	(v) Tel. No, Fax. No	: 0115222333
	(vi) E-mail ID	: pinak.moudgil@fortishealthcare.com
	(vii) URL of Website	: http://cms/fortishealthcare.com/site/login
	(viii) GPS coordinates of HCF or CBMWTF	: 30.8894 N - 75.9353 E
	(ix) Ownership of HCF or CBMWTF	: Private
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No.: LDH3/2018/8049960..... ...LDH3/2018/7046686.....valid up to 31-03-2021.
	(xi) Status of Consents under Water Act and Air Act	: Valid up to: Water Consents - 31/03/2021 Air Consents - 31/03/2021
2.	Type of Health Care Facility	:
	(i) Bedded Hospital	: No. of beds 200

Pinak Moudgil

S.No.	Particulars	
	(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	: LDH3/2018/8049960..... ...LDH3/2018/7046686.....valid up to 31-03-2021.
3.	Details of CBMWTF	:
	(i) Number healthcare facilities covered by CBMWTF	: N/A
	(ii) No. of beds covered by CBMWTF	: N/A
	(iii) Installed treatment and disposal capacity of CBMWTF:	: __ N/A __ Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	: __ N/A __ 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: Attached White: Attached Blue Category : Attached General Solid waste: Attached(general waste aprox weight.)
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)

Signature

S.No.	Particulars				
	(ii) Disposal facilities	Type of treatment equipment	No. of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
		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., Regional Office at: Behind Satluj Action Water Treatment Plant, Opp. Central Jail, Tajpur Road, Ludhiana 141007			
	(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, Attached Minutes of the meeting. ✓			

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S.No.	Particulars	
7.	Details trainings conducted on BMW	-
	(i) Number of trainings conducted on BMW Management.	Attached
	(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	Monthly accident forms attached with details
	(i) Number of Accidents occurred	Nil ✓
	(ii) Number of the persons affected	0
	(iii) Remedial Action taken (Please attach details if any)	-
	(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?	YES As per standard 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?	NIL

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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?	As per standard 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 January 2018 to 31st December 2018.

Date:

Name - Dr. Pinak Moudgil

(Zonal Director)

Fortis Hospital Ludhiana.

Pinak

Barik

Shally

Training Class Report

Unit	
Start	01-Jan-18
End Date	31-Dec-18
Mandato	
Trainer	
Training	

Unit Name	Type of Training/Category	Sub Category	Course Name	Class Name	Class Start Date	Class end date	Online Y/N	Class Conduct	Internal/External	Mandatory	Class Dura	Total Partici	Total Partici	Attend ance %	Internal	Name of	Total Man	Total Man
FHSL	Functional	Basic	Care of	Care of	06-Nov-18	06-Nov-18	N	Y	Internal	Y	1	40	40	100	Internal	127665	40	5
FHSL	Functional	Basic	Care of	Care of	19-Sep-18	19-Sep-18	N	Y	Internal	Y	1	47	47	100	Internal	127665	47	5.88
FHSL	Functional	Basic	Care of	Care of	25-Sep-18	25-Sep-18	N	Y	Internal	Y	1	51	51	100	Internal	127665	51	6.38
FHSL	Functional	Basic	Care of	Care of	23-Oct-18	23-Oct-18	N	Y	Internal	Y	1	48	48	100	Internal	127665	48	6
FHSL	Functional	Basic	Cathet	BMW	16-Mar-18	16-Mar-18	N	Y	Internal	Y	1	77	77	100	Internal	184820	77	9.63
FHSL	Functional	Basic	Cathet	CLABSI	20-Feb-18	20-Feb-18	N	Y	Internal	Y	1	61	61	100	Internal	184820	61	7.63
FHSL	Functional	Basic	Throm	BMW	19-Jan-18	19-Jan-18	N	Y	Internal	Y	1	70	70	100	Internal	114173	70	8.75
FHSL	Functional	Basic	Trache	BMW,5	30-Jan-18	30-Jan-18	N	Y	Internal	Y	1	84	84	100	Internal	184820	84	10.5
FHSL	Functional	Clinical	Cleanin	BMW	29-Sep-18	29-Sep-18	N	Y	Internal	Y	1	43	43	100	Internal	186434	43	5.38
FHSL	Functional	Infectio	BMW	BMW	06-Aug-18	06-Aug-18	N	Y	Internal	Y	0.5	14	14	100	Internal	114173	7	0.88
FHSL	Functional	Infectio	BMW	BMW	11-Apr-18	11-Apr-18	N	Y	Internal	Y	1	39	39	100	Internal	192412	39	4.88
FHSL	Functional	Infectio	BMW	BMW	18-Jul-18	18-Jul-18	N	Y	Internal	Y	0.5	15	15	100			7.5	0.94
FHSL	Functional	Infectio	BMW	BMW	20-Jul-18	20-Jul-18	N	Y	Internal	Y	0.5	65	49	75.38	Internal	127665	24.5	3.06
FHSL	Functional	Infectio	BMW	BMW	21-Jul-18	21-Jul-18	N	Y	Internal	Y	0.5	20	20	100			10	1.25
FHSL	Functional	Infectio	BMW	BMW	24-Aug-18	24-Aug-18	N	Y	Internal	Y	0.5	8	8	100	Internal	127665	4	0.5
FHSL	Functional	Infectio	BMW	BMW	16-Mar-18	16-Mar-18	N	Y	Internal	Y	0.5	11	11	100	Internal	114173	5.5	0.69
FHSL	Functional	Infectio	BMW	BMW	17-May-18	17-May-18	N	Y	Internal	Y	1	8	8	100	Internal	958101	8	1
FHSL	Functional	Infectio	BMW	BMW	19-Jun-18	19-Jun-18	N	Y	Internal	Y	0.5	20	20	100	Internal	121567	10	1.25
FHSL	Functional	Infectio	BMW	BMW	23-Jan-18	23-Jan-18	N	Y	Internal	Y	0.5	10	10	100	Internal	192412	5	0.63
FHSL	Functional	Infectio	BMW	BMW	23-Jan-18	23-Jan-18	N	Y	Internal	Y	0.5	12	12	100			6	0.75
FHSL	Functional	Infectio	BMW	BMW	20-Sep-18	20-Sep-18	N	Y	Internal	Y	0.5	12	12	100			6	0.75
FHSL	Functional	Infectio	CAUTI	CAUTI	03-Jul-18	03-Jul-18	N	Y	Internal	Y	1	51	51	100	Internal	186434	51	6.38
FHSL	Functional	Infectio	CAUTI	CLABSI	14-Aug-18	14-Aug-18	N	Y	Internal	Y	1	50	50	100	Internal	186434	50	6.25
FHSL	Functional	Infectio	CAUTI	CLABSI	07-Aug-18	07-Aug-18	N	Y	Internal	Y	1	52	52	100	Internal	186434	52	6.5
FHSL	Functional	Infectio	CAUTI	CLABSI	28-Aug-18	28-Aug-18	N	Y	Internal	Y	1	50	50	100	Internal	184820	50	6.25

Training Class Report

Unit	
Start	01-Jan-18
End Date	31-Dec-18
Mandato	
Trainer	
Training	

Unit Name	Type of Training(Category)	Sub Category	Course Name	Class Name	Class Start Date	Class end date	Online(Y/N)	Class Conducted(Y/N)	Internal/External Training	Mandatory/Non Mandatory	Class Duration(Hours)	Total Participants Planned	Total Participants Attended	Attendance % (No's) = actual no attendees /total	Internal/External	Name of Faculty / Trainer	Total Man Hours	Total Man Days
FHsL -	HR	Inducti	HR	HR	17-Apr-18	18-Apr-18	N	Y	Interna	Y	32	14	14	100	Interna	180612	448	56
FHsL -	HR	Inducti	HR	HR	24-Aug-18	25-Aug-18	N	Y	Interna	Y	16	8	8	100	Interna	114173	128	16
FHsL -	HR	Inducti	HR	HR	06-Aug-18	07-Aug-18	N	Y	Interna	Y	16	14	14	100	Interna	123450	224	28
FHsL -	HR	Inducti	HR	HR	19-Jul-18	20-Jul-18	N	Y	Interna	Y	16	20	20	100	Interna	180612	320	40
FHsL -	HR	Inducti	HR	HR	19-Jun-18	20-Jun-18	N	Y	Interna	Y	16	20	20	100	Interna	180612	320	40
FHsL -	HR	Inducti	HR	HR	17-May-18	18-May-18	N	Y	Interna	Y	32	8	8	100	Interna	180612	256	32
FHsL -	HR	Inducti	HR	HR	20-Sep-18	21-Sep-18	N	Y	Interna	Y	16	12	12	100			192	24
FHsL -	HR	Inducti	HR	HR	05-Sep-18	06-Sep-18	N	Y	Interna	Y	16	9	9	100			144	18
FHsL -	HR	Inducti	HR	HR	12-Jun-18	13-Jun-18	N	N	Interna	Y	2	12	0	0			0	0
FHsL -	HR	Inducti	HR	HR	04-Oct-18	05-Oct-18	N	Y	Interna	Y	16	26	26	100			416	52
FHsL -	HR	Inducti	HR	HR	22-Oct-18	23-Oct-18	N	Y	Interna	Y	16	10	10	100			160	20
FHsL -	HR	Inducti	HR	HR	15-Mar-18	16-Mar-18	N	Y	Interna	Y	32	11	11	100	Interna	180612	352	44

ANNUAL REPORT 2018(JAN TO DEC)											
Jan2018 to 2019		Red Category		Yellow Category		Cytotoxic/ Yellow Category		Blue Category		White Category	
S. No	Month	Total Bags	Total Wt.	Total Bags	Total Wt.	Total Bags	Total Wt.	Total Bags	Total Wt.	Total Bags	Total Wt.
1	Dec-18	696	922.9	470	840.22	31	183.71	92	374.88	44	33.61
2	Nov-18	651	986.8	421	866.52	29	156.23	94	472.75	49	35.02
3	Oct-18	650	986.3	400	763.72	36	188.2	90	434.47	56	36.07
4	Sep-18	575	953.9	379	752.4	34	178.78	88	343.95	40	30.11
5	Aug-18	644	1185	416	1025.2	30	146.94	108	573.64	67	57.32
6	Jul-18	667	1108	428	1172.3	35	212.42	102	663.19	76	72.74
7	Jun-18	648	1164	397	1131.1	31	230.42	92	613.86	58	59.84
8	May-18	672	1306	404	1075.6	35	257.89	82	581.06	61	58.42
9	Apr-18	559	1321	346	957.2	34	285.96	64	480.94	61	65.36
10	Mar-18	631	1481	417	1064.2	34	238.48	85	587.75	60	55.59
11	Feb-18	574	1409	385	914.35	28	185.07	79	485.71	49	42.49
12	Jan-18	632	1685	437	1130.6	30	183.32	122	693.8	50	58.02

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MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 04.12.2018 @ 2:30 PM

2. Number of members attended: 09

3. Names of Members Present:

- Dr. Shelly
- Dr. Vinay Singhal
- Dr. Benika Kalia
- Dr. Gurpreet
- Dr. Balbir Kaur
- Sis. Asha Osmond
- Sis. Kirandeep
- Mr. Ravikesh
- Mr. Rahul Soni

4. Agenda circulated prior to meeting (Yes/No): YES

5. Agenda for the meeting:

- To discuss:- sharp containers discard 48 hours/ 1 month or 3/4th .
- Card boxes: ? Replace or puncture proof blue plastic containers.
- Vaccutainers 21st. June.2018: autoclaved and then to be discarded in yellow bin
- Any other issue/concern.

6. Details of action items open from previous meetings: 0

Action Item	Responsibility	Expected Closure Date	Inter dependencies
Sharp containers to be changed once 3/4 th full or after 1 month	Area's nursing Incharge	With immediate effect	closed
To submit application for BMW license renewal	Col. Darshan	Valid till Sept.2018	closed
Vaccutainers to be autoclaved before	Dr. Amit(Lab) , Dr. Heenakshi, (Blood bank)	With immediate effect	closed

discard.			
Cardboard boxes for glass to be replaced by blue plastic containers.	HK	As per 2018 guidelines and discussion with PPCB both are valid.	Closed

7. Timelines and responsibilities to be defined for changed BMW rule 2016.















Action Item	Responsibility	Expected Closure Date	Inter Dependencies
Anti-Hbs titre to be done for Dental, Radiology & Housekeeping contractual staff. And Engineering staff identified for Hazmat	HR	31/12/18	Dr Shally
Bioassay test of STP -effluent sample collected on 6/8/18- Failed To get retest done.	Mr Sumit	15/12/18	Mr AP Singh

8. Signature of Chairman and Convener.

Shally

Banika

FHL Training Attendance Sheet

	FCC MEET & EMO management meet			
Program Date	28 June 2018			
Trainer				
Duration				
Unit	FHLdhr			
S.No	Employee ID	Participant Name	Department	Signature
1	115200	Kavi Kashi	H.A	
2	70273	Dr. Manoj Kishor	Blood Bank	
3	70211	Dr. Vinit Kumar	Audiology	
4	70740	Dr. Gopikrishna	Medical Services	
5	70713	Dr. Balbir Kaur	Clinical Pharmacology	
6	70000	Aparita	Quality	
7	70560	Bijudaman Malgare	Infectious	
8	71036	Asha Dhand	G.O.N	
9	71134	Sunil Kumar	Energy	
10	70219	Dr. Shantini	CTO	
11		Dr. Suresh Mahajan		
12	71073	A.P. Singh	Admin	
13	71105	Kamlesh Kaur	IC	
14		Dr. Monika	IC	
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MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 28.06.2018 @ 1:30 PM
2. Number of members attended: 14
3. Names of Members Present:
 - Dr. A.P Singh
 - Dr. Gaurav Bindal
 - Dr. Sanjeev Mahajan
 - Dr. Vinay Singhal
 - Dr. Benika Kajla
 - Col. Darshan Singh
 - Dr. Gurpreet
 - Dr. Sivestral
 - Ms. Arpita
 - Sis. Asha Osmond
 - Sis. Kirandeep
 - Mr. Parminder
 - Mr. Ravikesh
 - Mr. Sunlt Kumar
4. Agenda circulated prior to meeting (Yes/No): YES
5. Agenda for the meeting:
 - To discuss:- sharp containers discard 48 hours/ 1 month or 3/4th .
 - Card boxes: ? Replace or puncture proof blue plastic containers.
 - Vaccutainers 21st. June.2018: autoclaved and then to be discarded in yellow bin
 - Any other issue/concern.
6. Details of action items open from previous meetings: 0

Action Item	Responsibility	Expected Closure Date	Inter dependencies
Regular calibration of weighing machine for BMW	Mr. Ravikesh	Closed (Next calibration due on 30.06.2018)	Closed
Requirement of NON Chlorinated blood bags	Mr. Ripudaman	Closed : date extended : 27.03.2019.	Closed

FHL Training Attendance Sheet

	BMW committee met			
Program Date	24/7/18			
Trainer				
Duration				
Unit	FHL DH.			
S.No	Employee ID	Participant Name	Department	Signature
1	115200	115200 Ravi Kishan	H-16	[Signature]
2	70748	Dr. Gajendra	Medical Services	[Signature]
3	70873	Dr. Helakshi	Blood Bank	[Signature]
4	70701	Dr. Virendra	Center Care	[Signature]
5	71348	Mr. SHAILY	HS	[Signature]
6	70713	DR BALDIA KAIR	Clinical Pharmacy	[Signature]
7	71200	Aspifa	Quality	[Signature]
8	3056	Rupin Kumar Mahajan	Pharmacy	[Signature]
9	71503	Indrajit Kaur	J.C.	[Signature]
10	7105	Kirandeep Kaur	J.C.	[Signature]
11	71036	Haba Gaurav	C.D.H	[Signature]
12	71134	Smit Kumar	Engg	[Signature]
13	20269	Dr. Sankar	OT	[Signature]
14		Dr. Benika	ITO	[Signature]
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MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 24.07.2018 @ 1:30 PM
2. Number of members attended: 14
3. Names of Members Present:
 - Dr. Shelly
 - Dr. Vinay Singhal
 - Dr. Benika Kajla
 - Dr. Gurpreet
 - Dr. Sheetal
 - Dr. Heenakshi
 - Dr. Balbir Kaur
 - Mr. Ripu daman Mahajan
 - Ms. Arpita
 - Sis. Asha Osmond
 - Sis. Inderjeet
 - Sis. Kirandeep
 - Mr. Ravikesh
 - Mr. Sunft Kumar
4. Agenda circulated prior to meeting (Yes/No): YES
5. Agenda for the meeting:
 - To discuss:- sharp containers discard 48 hours/ 1 month or 3/4th.
 - Card boxes: ? Replace or puncture proof blue plastic containers.
 - Vaccutainers 21st. June.2018: autoclaved and then to be discarded in yellow bin
 - Any other issue/concern.
6. Details of action items open from previous meetings: 0

Action Item	Responsibility	Expected Closure Date	Inter dependencies
Calibration certificate to be submitted to ICO	HOD HK	Closed, certificate submitted	closed
ETP to be installed at major effluent generation points as	Mr. Sunit	Closed ETP installed at major 9 effluent generation points.	Closed

FHL Training Attendance Sheet

Sl. No.	Employee Name	Designation	Signature
1	70526	Biomedical	
2	70211	Auto Car	
3	71200	Quality	
4	71134	Engg	
5	70804	Housekeeping	
6	70748	Med. Admin	
7	70369	Pharmacist	
8	114365	Med Service	
9	71036	C. I. N.	
10	70971	HR	
11	71073	Admin	
12	70074	Security	
13	70710	ICG	
14	71105	Infector Control	
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BMW Meet

28 Feb. 2018

FHLdh



MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 28.02.2018 @ 1:30 PM
2. Number of members attended: 15
3. Names of Members Present:
 - Dr. A.P Singh
 - Dr. Rajiv Kundra
 - Dr. Sanjeev Mahajan
 - Dr. Vinay Singhal
 - Dr. Benika Katta
 - Col. Darshan Singh
 - Dr. Gurpreet
 - Dr. Sheetal
 - Ms. Arpita
 - Ms. Garima
 - Sis. Asha Osmond
 - Sis. Kirandeep
 - Mr. Parminder
 - Mr. Ravikesh
 - Mr. Sunit Kumar
4. Agenda circulated prior to meeting (Yes/No): YES
5. Agenda for the meeting:
 1. Regular Calibration of weighing machine for BMW.
 2. Non Chlorinated Blood bags are still not available.
 3. Any other issue/concern.
6. Details of action items open from pervious meetings: 0

Action Item	Responsibility	Expected Closure Date	Inter dependencies
To apply for BMW license in Jan.2018	Col. Darshan	Applied (under process)	MS/ Head admin
Requirement of NON Chlorinated blood bags	Dr. Ravneet to follow up from terumo	With immediate effect	IC

Requirement of slippers (green) in OT and record of washing frequency (including personal slippers of doctors)	Mr. Ravikesh/ Mr. Mahesh	closed	IC/OT incharge (Dr. Sheetal Garg)
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7. Timelines and responsibilities to be defined for changed BMW rule 2016.

Action Item	Responsibility	Expected Closure Date	Inter dependencies
Regular calibration of weighing machine for BMW	Mr. Ravikesh	Under process (15.03.18)	
Requirement of NON Chlorinated blood bags	Mr. Ripudaman	Pending at SO level	Incharge Blood Bank

8. Signature of Chairman and Convener.

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FORM I

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 accidents on human health and the environment: *NA*
7. Emergency measures taken: *NA*
8. Steps taken to alleviate the effects of accidents: *NA*
9. Steps taken to prevent the recurrence of such an accident: *NA*
10. Does your facility have an Emergency Control policy? If yes give details:

Date *01.01.2019* Signature *[Signature]* *Berita*
Place *Ludhiana* *IG*

[Signature]
(HOD Security)

[Signature]
(MS)

Kirandeep
Kaur 71105
Scn

FORM I

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 accidents on human health and the environment: *NA*
7. Emergency measures taken: *NA*
8. Steps taken to alleviate the effects of accidents: *NA*
9. Steps taken to prevent the recurrence of such an accident: *NA*
10. Does your facility have an Emergency Control policy? If yes give details:

Date *11.12.2018*... Signature..... *Berik*
ILO

Place *Ludhiana*... Designation

Ravinder Singh
(HOD HE)

Shally
(HOD security)

Kirandeep Kaur
71105
Jen

October 2018

FORM I

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 accidents on human health and the environment: *NA*
7. Emergency measures taken: *NA*
8. Steps taken to alleviate the effects of accidents: *NA*
9. Steps taken to prevent the recurrence of such an accident: *NA*
10. Does your facility has an Emergency Control policy? If yes give details:

Date. *2-11-18*..... Signature.....

Place. *Ludhiana*..... Designation *ICO Beinda*

[Signature]
(Security Officer)

[Signature]
(HK)

[Signature]
(MS)

[Signature]
Beinda
ICO

Kirandeep Kam
71105
ICN
12

Sept 2018

FORM I

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 accidents on human health and the environment: *NA*
7. Emergency measures taken: *NA*
8. Steps taken to alleviate the effects of accidents: *NA*
9. Steps taken to prevent the recurrence of such an accident: *NA*
10. Does you facility has an Emergency Control policy? If yes give details:

Date *3/10/18* Signature *Ravinder*

Place *Ludhiana*.... Designation *ICO*

Ravinder
(1116 HOD)
Indrajit Kant
(ICN)
(MS) Shelly
(Security Officer)

Aug. 2018.

FORM I 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 accidents on human health and the environment: NA
- 7. Emergency measures taken: NA
- 8. Steps taken to alleviate the effects of accidents: NA
- 9. Steps taken to prevent the recurrence of such an accident: NA
- 10. Does you facility has an Emergency Control policy? If yes give details:

Date... 3/9/2018.... Signature... [Signature].....

Place... Ludhiana.... Designation TCO

[Signature]
(H.H. HOA)

[Signature]
(MS)

[Signature]
(Security Officer)
[Signature]
(ICN)

July 2018

FORM I

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 accidents on human health and the environment: NA
7. Emergency measures taken: NA
8. Steps taken to alleviate the effects of accidents: NA
9. Steps taken to prevent the recurrence of such an accident: NA
10. Does your facility have an Emergency Control policy? If yes give details:

Date: nd August 2018 Signature: Benita

Place: Ludhiana Designation: ICo

[Signature]
(Security Officer)

[Signature]
(HR)

[Signature]
(MS)

Benita
(ICo)

Kirandeep Kaur
71105
ICN

June - 2018

FORM I

ACCIDENT REPORTING

1. Date and time of accident: *NA*
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 accidents on human health and the environment: *NA*
7. Emergency measures taken: *NA*
8. Steps taken to alleviate the effects of accidents: *NA*
9. Steps taken to prevent the recurrence of such an accident: *NA*
10. Does you facility has an Emergency Control policy? If give details:

Date *02.07.2018*..... Signature..... *[Signature]*

Place *Ludhiana*..... Designation *ICO*

[Signature]
[Signature]
[Signature]

Kirandeep Kaur
7405
26

May 2018

FORM I
ACCIDENT REPORTING

- 1. Date and time of accident: *ML*
- 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 accidents on human health and the environment: *NA*
- 7. Emergency measures taken: *NA*
- 8. Steps taken to alleviate the effects of accidents: *NA*
- 9. Steps taken to prevent the recurrence of such an accident: *NA*
- 10. Does you facility has an Emergency Control policy? If yes give details:

Date *01.06.2018*..... Signature..... *Bendy*

Place *Ludhiana*..... Designation *TCO*

[Signature]

[Signature]

[Signature]

Kulandeep Kaur
71105

April . 2018

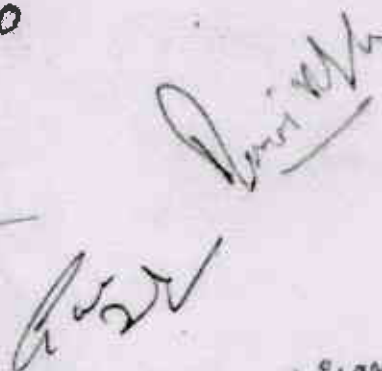
FORM I

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 accidents on human health and the environment: NA
7. Emergency measures taken: NA
8. Steps taken to alleviate the effects of accidents: NA
9. Steps taken to prevent the recurrence of such an accident: NA
10. Does your facility have an Emergency Control policy? If give details:

Date 01.05.2018..... Signature..... Benu

Place Ludhiana..... Designation ICO



Kirandeep Kaur
7105

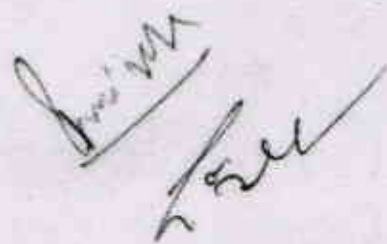
March. 2018

FORM I
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 accidents on human health and the environment: NA
7. Emergency measures taken: NA
8. Steps taken to alleviate the effects of accidents: NA
9. Steps taken to prevent the recurrence of such an accident: NA
10. Does your facility have an Emergency Control policy? If yes give details:

Date 02.04.2018.... Signature..... Berik.....

Place Ludhiana.... Designation ICO



Kiandeep Kaur
71105

Feb 2018

FORM I

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 accidents on human health and the environment: *NA*
- 7. Emergency measures taken: *NA*
- 8. Steps taken to alleviate the effects of accidents: *NA*
- 9. Steps taken to prevent the recurrence of such an accident: *NA*
- 10. Does you facility has an Emergency Control policy? If yes give details:

Date *01.03.2018*..... Signature..... *Berik*

Place *Ludhiana*..... Designation *ICO*

[Handwritten signature]
[Handwritten signature]
[Handwritten signature]
Kisandeep Kaur
71105

Jan. 2018

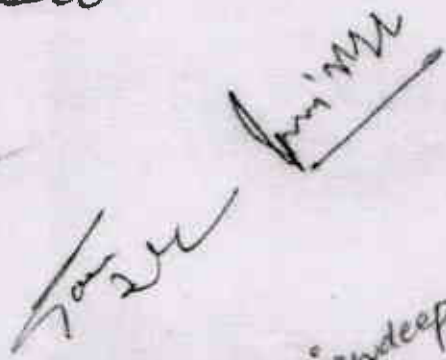
FORM I

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 accidents on human health and the environment: *NA*
7. Emergency measures taken: *NA*
8. Steps taken to alleviate the effects of accidents: *NA*
9. Steps taken to prevent the recurrence of such an accident: *NA*
10. Does you facility has an Emergency Control policy? If yes give details:

Date *01.02.2018*..... Signature..... *Berik*.....

Place *Ludhiana*..... Designation *ICO*



Kirandeep Kaur
7105

BMW TRAINING OF GDA		
S.NO	MONTH	NO. OF DAYS BMW TRAING .
1	Jan-18	99
2	Feb-18	29
3	Mar-18	62
4	Apr-18	35
5	May-18	54
6	Jun-18	98
7	Jul-18	94
8	Aug-18	79
9	Sep-18	82
10	Oct-18	68
11	Nov-18	92
12	Dec-18	66



TRAINING REPORT - HOUSEKEEPING
MONTH - JANUARY TO DECEMBER 2018

DATE	DAY	Dep.		NO OF TRAINEE
5-1-18	Fri	ING	PPE,NSI,BMW mangement	28
12-1-18	Fri		Hand Hygiene,Vaccination Policy,BMW mangement	35
17-1-18	Wed		PPE,NSI,BMW mangement	32
29-1-18	Mon		Hand Hygiene,Vaccination Policy,BMW mangement	32
2-2-18	Fri		Hand Hygiene,Vaccination Policy,BMW mangement	30
9-2-18	Fri		PPE,NSI,BMW mangement	33
14-2-18	Wed		PPE,NSI,BMW mangement	22
21-2-18	Wed		Hand Hygiene,Vaccination Policy,BMW mangement	29
2-3-18	Fri		Hand Hygiene,Vaccination Policy,BMW mangement	19
9-3-18	Fri		PPE,NSI,BMW mangement	28
14-3-18	Wed		PPE,NSI,BMW mangement	31
21-3-18	Wed		Hand Hygiene,Vaccination Policy,BMW mangement	29
2-4-18	Mon		Hand Hygiene,Vaccination Policy,BMW mangement	26
9-4-18	Mon		PPE,NSI,BMW mangement	38
13-4-18	Fri		PPE,NSI,BMW mangement	30
20-4-18	Fri		Hand Hygiene,Vaccination Policy,BMW mangement	31
4-5-18	Fri		PPE,NSI,BMW mangement	28
11-5-18	Fri		Hand Hygiene,Vaccination Policy,BMW mangement	33
14-5-18	Mon		PPE,NSI,BMW mangement	22
21-5-18	Mon		Hand Hygiene,Vaccination Policy,BMW mangement	16
1-6-18	Fri	PPE,NSI,BMW mangement	28	
8-6-18	Fri	Hand Hygiene,Vaccination Policy,BMW mangement	29	
13-6-18	Wed	PPE,NSI,BMW mangement	29	

[Handwritten signature]

20-6-18	Wed
2-7-18	Mon
9-7-18	Mon
13-7-18	Fri
20-7-18	Fri
3-8-18	Fri
10-8-18	Fri
20-8-18	Mon
27-8-18	Mon
3-9-18	Mon
10-9-18	Mon
21-9-18	Fri
28-9-18	Fri
3-10-18	Wed
10-10-18	Wed
19-10-18	Fri
26-10-18	Fri
2-11-18	Fri
9-11-18	Fri
12-11-18	Mon
19-11-18	Mon
3-12-18	Mon
7-12-18	Fri
10-12-18	Mon
14-12-18	Fri

HOUSEKEEP

Hand Hygiene,Vaccination Policy,BMW mangement	31
PPE,NSI,BMW mangement	32
Hand Hygiene,Vaccination Policy,BMW mangement	23
PPE,NSI,BMW mangement	25
Hand Hygiene,Vaccination Policy,BMW mangement	28
PPE,NSI,BMW mangement	33
Hand Hygiene,Vaccination Policy,BMW mangement	30
Hand Hygiene,Vaccination Policy,BMW mangement	27
PPE,NSI,BMW mangement	31
PPE,NSI,BMW mangement	26
Hand Hygiene,Vaccination Policy,BMW mangement	24
PPE,NSI,BMW mangement	30
Hand Hygiene,Vaccination Policy,BMW mangement	29
PPE,NSI,BMW mangement	25
Hand Hygiene,Vaccination Policy,BMW mangement	24
Hand Hygiene,Vaccination Policy,BMW mangement	18
PPE,NSI,BMW mangement	22
PPE,NSI,BMW mangement	29
Hand Hygiene,Vaccination Policy,BMW mangement	21
PPE,NSI,BMW mangement	23
Hand Hygiene,Vaccination Policy,BMW mangement	23
PPE,NSI,BMW mangement	27
PPE,NSI,BMW mangement	24
Hand Hygiene,Vaccination Policy,BMW mangement	13
Hand Hygiene,Vaccination Policy,BMW mangement	26

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TOTAL	1302
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