

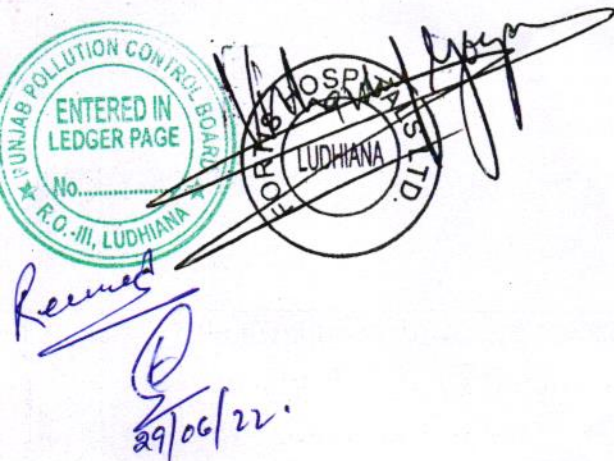
To

The Environment Engineer  
Punjab Pollution Control Board  
RO Gill Road Ludhiana (Punjab).

Sub- Annual Report under the management & handling of Bio- Medical Waste rule 2016.

Dear Sir,

Please find here with enclosed copy of annual report for the period from (1<sup>st</sup> January 2021 to December 2021) Fortis Hospital Ltd Mundian Kalan Chandigarh road Ludhiana Punjab.





**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 authorized person (occupier or : operator of facility)	:	Dr. Vishandeep Goyal
	(ii) Name of HCF or CBMWTF	:	Fortis Hospital Ludhiana
	(iii) Address for Correspondence	:	Mundian Khurd
	(iv) Address of Facility	:	Chandigarh, Road Ludhiana
	(v) Tel. No, Fax. No	:	0161 5222333
	(vi) E-mail ID	:	Vishandeep.goyal@fortishealthcare.com
	(vii) URL of Website	:	http://cms.fortishealthcare.com
	(viii) GPS coordinates of HCF or CBMWTF	:	30.8894N - 75.9353E
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) <u>Private</u>
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: LDH/3/2021/1536.0624..... ..... Valid upto: 31/3/2025.
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: Water consent = 30/6/2025  Air consent - 31/3/2026
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: <u>200</u>
	(ii) Non-bedded hospital	:	
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	—
	(iii) License number and its date of expiry	:	—
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	N/A
	(ii) No. of Beds covered by CBMWTF	:	N/A
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	<u>N/A</u> Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	<u>N/A</u> Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: <u>Attached</u> Red Category: <u>Attached</u> White: <u>Attached</u> Blue Category: <u>Attached</u> General Solid Waste: <u>Attached</u>
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	
	(i) Details of the on-site storage	:	Size:



facility	Capacity:			
	Provision of on-site storage : (Cold storage or any other provision)			
(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 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	:	— N/A —		
(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			
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		M/s Medicare Environmental Tajpur Road near Central Jail Ludhiana.		
(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 meeting.		



7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		Attached
	(ii) Number of personnel trained		Attached
	(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?		-
8	Details of the accident occurred during the year		Monthly accidents forms attached with detail
	(i) Number of Accidents occurred		-
	(ii) Number of persons affected		-
	(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?		Standard Maintained as per norms
	Details of Continuous online emission monitoring systems installed		-
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		As per standard norms Liquid waste generated & treatment methods in place.
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Standard maintained as per norms.
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)


Certified that the above report is for the period from

..... 1.1.2021 to 31.12.2021 .....

.....

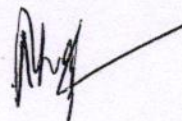
.....

.....

Name and Signature of the  of the Institution

Date:

Place: Ludhiana



17/2/21

# FORM I

## ACCIDENT REPORTING

- 1. Date and time of accident: *Nil*
- 2. Type of Accident: *Nil*
- 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: *NA*

Date...*1 Feb 2021*... Signature.....*Banika*.....  
 Place...*Feroz Ludhiana*.....  
*ICO*

*Arvind*  
*(CSO)*

*Harish*  
*(HR HOD)*

*Shalby*  
*(MSD)*

*Baneta*  
*Kag 70833*  
*(ICN)*



Feb 2021

# FORM I

## ACCIDENT REPORTING

1. Date and time of accident: *Nil*
2. Type of Accident: *nil*
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: *NA*

Date: *1-03-2021* Signature: *Benuk*  
 Place: *Fatih's Luchiana* *Ico*

*Jitendra*  
(CSO)

*Harman*  
(HK MOD)

*Shally*  
(MS)

*Barnet*  
*Kang 70533*  
*Iew*



March 2021

# FORM I

## ACCIDENT REPORTING

1. Date and time of accident: *nil*
2. Type of Accident: *nil*
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: *NA*

Date: *1 April 2021* Signature: *Bonita*  
Place: *Fatih Ludiana* *ICO*

*Jifent*  
(CSO)

*hikmah*  
(HK HOD)

*Shally*  
(MS)

*Bonita*  
*Kang 70835*  
(ICW)



# FORM I

## ACCIDENT REPORTING

1. Date and time of accident: *nil*
2. Type of Accident: *nil*
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: *NA*

Date *01 May 2021* Signature *Bavik*  
 Place *Foeth Ludhiana* *Ico*

*J. F. ...*  
*(CSO)*

*[Signature]*  
*(HK HOD)*

*[Signature]*  
*(MS)*

*Bonnet*  
*Kawa*  
*-10033*  
*(ICW)*



May 2021

# FORM I

## ACCIDENT REPORTING

1. Date and time of accident: *nil*
2. Type of Accident: *nil*
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: *NA*

Date *01-06-2021* Signature *Benita*  
Place *Faltil, Luckhona* *Ico*

*Benet Kang*  
*70833*  
*(Ien)*

*Jifan*  
*(CSO)*

*Min Vith*  
*(HE HOD)*

*Shelly*  
*(MS)*



# FORM I

## ACCIDENT REPORTING

1. Date and time of accident: *Nil*
2. Type of Accident: *Nil*
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: *NA*

Date: *01-July 2021* Signature: *Banika*  
 Place: *Foehn Louisiana* *ICO*

*Baneet Kary*  
*70133*  
*(Ier)*

*Fitend*  
*(CO)*

*Harish*  
*(HK HOD)*

*Shally*  
*(MS)*



July 2021

# FORM I

## ACCIDENT REPORTING

- 1. Date and time of accident: Nil
- 2. Type of Accident: Nil
- 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: NA

Date: 2 Aug 2021 ... Signature: Benuk  
 Place: Fosh's Luchona .....  
ICO

J. F. ...  
 (CSO)

...  
 (HKHOD)

...  
 (MS)

Bonnet  
 Kong 70835  
 (Jen)



# FORM I

## ACCIDENT REPORTING

- 1. Date and time of accident: *Nil*
- 2. Type of Accident: *Nil*
- 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: *NA*

Date: *Sep 2021* ..... Signature: *Baneet* .....  
 Place: *Fertilizer Plant* .....

*Baneet*  
*Kang 70833*  
*(ICW)*

*Prasad*  
*(CSO)*

*[Signature]*  
*(HK HOD)*

*Shally*  
*(MS)*



# FORM I

## ACCIDENT REPORTING

- 1. Date and time of accident: *nil*
- 2. Type of Accident: *nil*
- 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: *NA*

Date: *D1-10-2021* Signature: *Berita*  
 Place: *foet's duationa* *ILW*

*J. Fernando*  
(CSO)

*Harish Kumar*  
(HK HOD)

*Shally*  
(MS)

*Banmeet Kaur*  
70833  
(ICW)



OCT-2021

# FORM I

## ACCIDENT REPORTING

1. Date and time of accident: *nil*
2. Type of Accident: *nil*
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: *NA*

Date *01 Nov 2021* Signature *[Signature]*  
Place *Foet's Ludhiana* *[Signature]*

*[Signature]*  
(CSO)

*[Signature]*  
(HK HOD)

*[Signature]*  
(MS)

*[Signature]*  
70833  
(ICV)



# FORM I

## ACCIDENT REPORTING

- 1. Date and time of accident: *nil*
- 2. Type of Accident: *nil*
- 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: *NA*

Date... *1 Dec 2021* Signature... *Bareet Karg... 70833*  
 Place... *FOFI Ludhiana*

*Shally*  
*MS*

*Bareet*  
*(ICO)*

*Vishal Sharma*  
*(Security Officer)*

*Rohit Gaur*



FORM I

ACCIDENT REPORTING

- 1. Date and time of accident: *nil*
- 2. Type of Accident: *nil*
- 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: *NA*

Date.. *1 Jan 2022*..... Signature.. *Banshi Kargro* A32  
 Place.. *for hrs. Ludhiana*

*Banshi*  
 Ico

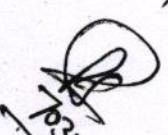
*Banshi (HK HOD)*  
*Vishal Sharma*  
*(Security)*

*Shalby*  
*(MS)*



## QUANTITY OF BMW GENERATED

DATE	RED CAT.		YELLOW CAT.		BLUE CAT.		CYOTOXIC/YELLOW		WHITE CAT.	
	NO. OF BAG	NO OF KG	NO. OF BAG	NO OF KG	NO. OF BAG	NO. OF KG	NO. OF BAG	NO. OF KG	PPC	NO. OF KG
JAN. 2021	319	968.7	260	809.103	85	318.46	26	105.577	52	26.5
FEB. 2021	312	932.92	252	784.6	82	335.14	24	118.831	61	22.28
MAR. 2021	333	961.8	259	813.29	93	347.05	26	113.16	54	23.62
APR. 2021	321	942.2	250	796.01	80	320.62	25	96.38	54	18.72
MAY. 2021	286	872.06	229	737.81	69	292.65	26	91.85	49	17.232
JUN. 2021	327	971.83	255	874.7	86	402.35	26	113.01	56	15.98
JUL. 2021	370	1014.81	273	828.97	69	306.5	27	119.69	78	23.73
AUG. 2021	360	1048.85	271	863.16	78	331.55	24	112.09	74	19.602
SEP. 2021	368	1038.56	290	868.13	81	381.1	26	122.65	80	26.57
OCT. 2021	415	1148.12	291	914.27	96	401.36	27	112.6	72	24.24
NOV. 2021	402	1094.08	291	879.75	81	360.76	28	119.5	67	28.27
DEC. 2021	374	1035.72	264	843.92	132	538.21	25	116.24	59	21.74
Total	4187	12029.65	3185	10013.71	1032	4335.75	310	1341.578	756	268.484
AVERAGE		1002.4		834.4		361.3		111.798		22.37

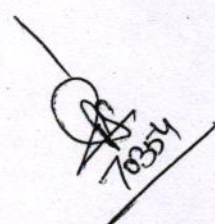
  
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**BMW TRAINING REPORT - HOUSEKEEPING**

JAN. to DEC.2021

DATE	DAY	SECTION	TOPIC	NO. OF TRAINEE	DURATION	TRAINER
1-1-21	FRI		PPE,NSI,BMW mangement	35	30 min.	Baneet Kang/Punima
29-1-21	FRI		PPE,NSI,BMW mangement	39	30min	Hardev/Mandeep Kaur
8-1-21	FRI		Hand Hygiene,Vaccination Policy,BMW mangement	36	30 min.	Baneet/Preeti
1-2-21	MON		PPE,NSI,BMW mangement	40	30 min.	Baneet Kang/Punima
9-2-21	TUE		Hand Hygiene,Vaccination Policy,BMW mangement	44	30 min.	Baneet/Preeti
26-2-21	FRI		PPE,NSI,BMW mangement	37	30min	Hardev/Mandeep Kaur
1-3-21	MON		PPE,NSI,BMW mangement	39	30 min.	Baneet Kang/Punima
29-3-21	MON		PPE,NSI,BMW mangement	32	30 min.	Hardev/Mandeep Kaur
1-4-21	THU		PPE,NSI,BMW mangement	39	30 min.	Baneet Kang/Punima
9-4-21	FRI		Hand Hygiene,Vaccination Policy,BMW mangement	44	30 min.	Baneet/Preeti
28-4-21	WED		PPE,NSI,BMW mangement	42	30 min.	Hardev/Mandeep Kaur
1-5-21	SAT		PPE,NSI,BMW mangement	39	30 min.	Baneet Kang/Punima
8-5-21	SAT		Hand Hygiene,Vaccination Policy,BMW mangement	41	30 min.	Baneet/Preeti
28-5-21	FRI		PPE,NSI,BMW mangement	38	30 min.	Hardev/Mandeep Kaur
1-6-21	TUE		PPE,NSI,BMW mangement	40	30 min.	Baneet Kang/Punima
21-6-21	MON		Hand Hygiene,Vaccination Policy,BMW mangement	43	30min.	Baneet/Preeti
28-6-21	MON		PPE,NSI,BMW mangement	41	30 min.	Hardev/Sarvindra
1-7-21	THU		PPE,NSI,BMW mangement	38	30 min.	Baneet Kang/Punima
21-7-21	WED		Hand Hygiene,Vaccination Policy,BMW mangement	41	30min.	Baneet/Preeti
28-7-21	WED		PPE,NSI,BMW mangement	38	30 min.	Hardev/Sarvind
2-8-21	MON		PPE,NSI,BMW mangement	41	30 min.	Baneet Kang/Punima
25-8-21	WED		Hand Hygiene,Vaccination Policy,BMW mangement	39	30min.	Baneet/Preeti
30-8-21	MON		PPE,NSI,BMW mangement	39	30 min.	Hardev/Sarvind
1-9-21	WED		PPE,NSI,BMW mangement	40	30 min.	Baneet/Preeti
25-9-21	SAT		Hand Hygiene,Vaccination Policy,BMW mangement	37	30min.	Baneet/Preeti
2-10-21	SAT		PPE,NSI,BMW mangement	43	30 min.	Baneet/Preeti
16-10-21	SAT		Hand Hygiene,Vaccination Policy,BMW mangement	37	30 min.	Punima /Pardeep
23-10-21	SAT		Hand Hygiene,Vaccination Policy,BMW mangement	41	30min.	Baneet/Preeti
1-11-21	MON		PPE,NSI,BMW mangement	40	30 min.	Baneet/Preeti
16-10-21	SAT		Hand Hygiene,Vaccination Policy,BMW mangement	37	30 min.	Punima /Pardeep
23-10-21	SAT		Hand Hygiene,Vaccination Policy,BMW mangement	41	30min.	Baneet/Preeti
1-11-21	MON		PPE,NSI,BMW mangement	40	30 min.	Baneet/Preeti
29-11-21	MON		Hand Hygiene,Vaccination Policy,BMW mangement	37	30 min.	Baneet/Preeti
1-12-21	WED		PPE,NSI,BMW mangement	37	30 min.	Baneet/Preeti
31-12-21	FRI		Hand Hygiene,Vaccination Policy,BMW mangement	41	30 min.	Baneet/Preeti
DURATION :-						
TOTAL TRAINEE :-				1376		


  
70354







## MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 02.07.2021 @ 02:30 PM
2. Number of members attended: 15
3. Names of Members Present:
  - Dr. Vishavdeep Goyal
  - Mr. A.P. Singh
  - Dr. Shally
  - Dr. Vinay Singhal
  - Dr. Abhimainu
  - Dr. Benika Kajla
  - Dr. Heenakshi
  - Dr. Rajoo Singh Chinna
  - Dr. Gursimran
  - Dr. Balbir
  - Mr. Ravikesh
  - Ms. Alice
  - Sis. Baneet Kang
  - Mr. Sunit
  - Mr. Manish
4. Agenda circulated prior to meeting (Yes/No): YES
5. Agenda for the meeting:
  - BMW related issues-
  - Any other issue/concern.
6. Details of action items open from previous meetings: 0

Action Item	Responsibility	Expected Closure Date
BMW mixing found in patient care areas.	Sis Anupriya, Sis Baneet, Mr Ravikesh	closed



7. Timelines and responsibilities to be defined.

Action Item	Responsibility	Expected Closure Date	Inter Dependencies
<b>BMW ISSUES:</b> <ul style="list-style-type: none"> <li>• Training on sharp safety program to be done for link nurses.</li> <li>• Area wise analysis of BMW mixing to be shared with in-charges on monthly basis</li> </ul>	Ms. Baneet( ICN)	With immediate effect	Dr. Benika (ICO)
	Ms. Baneet( ICN)	With immediate effect	Dr. Benika (ICO)

*Shally*

*Benika*

8. Signature of Chairman and Convener.



## MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 30.10.2021 @ 3:00 PM
2. Number of members attended: 14
3. Names of Members Present:
  - Dr. Vishavdeep Goyal
  - Mr. A.P. Singh
  - Dr. Shally
  - Dr. Vinay Singhal
  - Dr. Abhmainu
  - Dr. Benika Kajla
  - Dr. Monika
  - Mr. Ravikesh
  - Mr. Rahul
  - Ms. Alice
  - Sis. Baneet Kang
  - Mr. Sunit
  - Ms. Anikta
  - Ms. Arunita
4. Agenda circulated prior to meeting (Yes/No): YES
5. Agenda for the meeting:
  - BMW related issues-
  - Discussion on Medicare visit
  - Any other issue/concern.

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

Action Item	Responsibility	Expected Closure Date
<b>BMW ISSUES:</b> <ul style="list-style-type: none"><li>• Training on sharp safety program to be done for nurses.</li></ul>	Ms. Baneet (ICN)	Closed



Case analysis of BMW mixing to be shared with in-charges on monthly basis	Ms. Baneet (ICN)	closed
---	------------------	--------

7. Timelines and responsibilities to be defined.

Action Item	Responsibility	Expected Closure Date	Inter Dependencies
<b>BMW ISSUES:</b> <ul style="list-style-type: none"> <li>Bins with paddles not working to be changed</li> <li>Strict auditing and regular training on BMW segregation to be done in emergency</li> </ul>	With immediate effect	Ms. Punima (HK Supervisor)	Mr. Ravikesh
	With immediate effect	Ms. Baneet (ICN), Ms. Anupriya (NE)	Ms. Manpreet (ER In-charge)

*Shally*

*Baneet*

8. Signature of Chairman and Convener.



### FHL Attendance Sheet

**Program Name** BMW meeting  
**Date** 2 July 2021  
**Duration** 2:30 PM to 3:00 PM  
**Topic** FHL Ludhiana

	Employee ID	Global ID	Date of Joining	Participant Name	Department	Signature
1						
2						
3						
4						
5						
6			18.03.21	DR. RAJEO SINGH	GE	
7	70004	115200	3 Sep 21	Ravikant	JHL	
	71592		1 Aug 19	Dr. Anil Prakash	ER	
	18	197747	2nd July 18	Dr. Shelly	Med. adm.	
11	71134	193225	02/06/2017	Dr. Himanshu	Surge	
12		209282	15/09/2001	Dr. Anil Kaur	Gen. Med.	
13	70039	190517	09/09/2013	Manish Phatak	Gen. Med. & B	
14	70273	122624	11/12/13	Dr. Heenakshi	H.S.	Blood Bank
15	71073	114384	6/1/21	R. P. Singh	Medicine	
16	70241			Dr. Vijay Kumar	Artificial Can	
17				Dr. Vinod Kumar		
18	71555		10/6/2019	Dr. Gaurav	Obstetrics	
19	71773	182885		Dr. Babbar	Quality & Pharmacy	Balkrishna
20	71833	186123	9/05/2016	Ranjit Kaur	ICU	Dr. 70833
21	601710			Dr. Benika	ICU	Benika
22						
23						
24						
25						
26						
27						
28						
29						

Dr. Benika



FHL Training Attendance & Feedback Form  
 (To be used for any program less than 2 hrs duration)

S No	Participant Name	Contact Nos	Department	Global ID	Signature	Program Feedback		
						Appropriateness of course material/content	Trainer Facilitation	Overall effectiveness of the program
Program Name						BMW meeting		
Program Date						30 OCT 2021		
1	Rahul Gauram	8178977300	HR	212061	<i>Rahul Gauram</i>			
2	A.P. KINCH	9812030998	Admin	114384	<i>A.P. KINCH</i>			
3	Dr. Viny Kumar	9915205034	Admin	9000	<i>Dr. Viny Kumar</i>			
4	Dr. Ashim Baidya	6983533200	Admin	192198	<i>Dr. Ashim Baidya</i>			
5	Dr. Ananda	8968810500	Admin		<i>Dr. Ananda</i>			
6	Dr. J.P. SHARMA	9314330150	Admin		<i>Dr. J.P. SHARMA</i>			
7	Dr. Shalby	9826281681	Admin	192242	<i>Dr. Shalby</i>			
8	Smit Khandar	9815982080	Admin	193325	<i>Smit Khandar</i>			
9	Arun Kuvion	9667782644	Admin	208282	<i>Arun Kuvion</i>			
10	Ankita vij	9878636198	Admin	209291	<i>Ankita vij</i>			
11	Mansha	83220902860	Admin	120612	<i>Mansha</i>			
12	Dr. Nandini	9911972119	Admin	210031	<i>Dr. Nandini</i>			
13	Dr. Mahabub Sayed		Admin	186123	<i>Dr. Mahabub Sayed</i>			
14	Rohit Kalyan	9914668456	Admin		<i>Rohit Kalyan</i>			
15	Dr. Pradeep	9729085735	Admin	201710	<i>Dr. Pradeep</i>			

Any remarks/suggestions -