

Fortis

HOSPITAL

Ludhiana

Fortis Hospital

Chandigarh Road, Ludhiana

Tel. : +91-161-5222333

E-mail: contactus.ludhiana@fortishealthcare.com

Website: www.fortishealthcare.com

Emergency: +91-161-5222222

To,

The Environment Engineer

Punjab Pollution Control Board

RO-3 Gill road Ludhiana (Punjab).

*Recd
22/1/20*

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

Dear Sir,

Please find hear with enclosed copy of annual report for the period from(1st January 2019 to 31st December 2019)Fortis Hospital Ltd. Mundian Kalan Chandigarh road Ludhiana Punjab.

Thanking you



[Signature]

[Signature]



A UNIT OF FORTIS HOSPITALS LIMITED

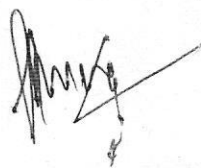
Regd. Office : Escort Heart Institute and Research Centre, Okhla Road, New Delhi-110 025.
Tel. +91-11-26825000, 26825001, Fax : +91-11-416258435 CIN - U93000DL2009PLC222166

Fortis SPECIALITY Hospital

Form - IV
(See rule13)
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. Pinak Moudgil
	(ii) Name of HCF or CBMWTF	:	Fortis Hospital Ludhiana
	(iii) Address for Correspondence	:	Mundian 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 (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.: LDH3/2018/804960 LDH3/2018/704686valid 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 - 31/3/2021
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 200
	(ii) Non-bedded hospital	:	



	Laborator (Clinic or Blood Bank or Clinical y or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		LDH3/2018/804960 LDH3/2018/7046686 valid upto 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)	:	Yellow Category : Attached Red Category : Attached White: Attached Blue Category : Attached General Solid waste: Attached (general waste approx weight)
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		<p>Type of treatment equipment</p> <p>No of units</p> <p>Capacity Kg/day</p> <p>Quantity treated or disposed in kg per annum</p> <p>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:</p>									
(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		<table border="1"> <thead> <tr> <th data-bbox="821 1361 1029 1444"></th> <th data-bbox="1029 1361 1189 1444">Quantity generated</th> <th data-bbox="1189 1361 1423 1444">Where disposed</th> </tr> </thead> <tbody> <tr> <td data-bbox="821 1444 1029 1489">Incineration Ash</td> <td></td> <td></td> </tr> <tr> <td data-bbox="821 1489 1029 1550">ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash			ETP Sludge		
	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.									
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	u
	(v) whether standard manual for training is available?	v
	(vi) any other information	v
8	Details of the accident occurred during the year	Form 1 Accident Report Attached
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	Nil
	(iii) Remedial Action taken (Please attach details if any)	Nil
	(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?	Air Standards 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?	Liquid waste Standards maintained As per Norms
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Disinfection method standards maintained As per Norms
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

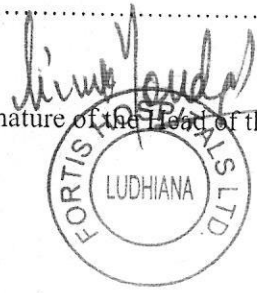
Certified that the above report is for the period from

..... Ist Jan. 2019 to 31st
 Dec. 2019

Date:
Place:

22/06/20
LDH
Shally

Name and Signature of the Head of the Institution



Handwritten signature

MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 18.09.2019 @ 12:30 PM
2. Number of members attended: 14
3. Names of Members Present:
 - Dr. Pinak Moudgil
 - Mr. AP Singh
 - Dr. Shally
 - Dr. Vinay Singhal
 - Dr. Benika Kajla
 - Mrs. Arpita
 - Mr. Sunit
 - Dr. Balbir Kaur
 - Mr. Ravikesh
 - Sis. Asha Osmond
 - Sis. Kirandeep Kaur
 - Sis. Baneet Kang
 - Mr. Rahul Soni
 - Sis. Dimpy
4. Agenda circulated prior to meeting (Yes/No): YES
5. Agenda for the meeting:
 - Anti-HBS titre to be done for HK staff and contractual staff.
 - Annual report submission.
 - BMW related issues
 - Any other issue/concern.

6. Details of action items open from previous meetings: 1

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	HR	31/07/2019	Dr. Shally (pending)

Hazmat			
Annual report to be submitted by 30 June.2019.	Mr. Ravikesh	30/06/2019	closed

7. Timelines and responsibilities to be defined.

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	With immediate effect	Dr. Shally (pending)
White sharp containers discard policy:- when 3/4 th full (not one month)	Sis. Asha and Mr. Ravikesh	With immediate effect	Mrs. Arpita
White large (6L) sharp containers and laminated cardboard boxes for ICU/OT	Mr. Manpreet Singh and Mr. Ravikesh	With immediate effect	Mr. AP Singh
STP effluent test to be sent for regular monitoring of STP functions	Mr. Sunit		Mr. AP Singh

8. Signature of Chairman and Convener

Benita

Shally

FHL Training Attendance Sheet

S.No	HICC meet
Program Date	16 th April. 2019
Trainer	-
Duration	03:15 PM - 04:30 PM
Unit	FHL

S.No	Employee ID	Participant Name	Department	Signature
1	70713	Dr. Balbir Kaur	Medical Pharmacy	[Signature]
2	70504	Ranjit Kaur	Accounting	[Signature]
3	71036	Ashu Arora	C.O.N	[Signature]
4	70211	Dr. Vinod Kumar	Curriculum	[Signature]
5	71221	Dr. Sumit Singh	Medical Care	[Signature]
6	71200	Arpita	Quality	[Signature]
7	70748	Dr. Gurpreet	Med Admin	[Signature]
8	71442	Rajul Singh	CSSD	[Signature]
9	71093	Wahid Singh Bora	F&B	[Signature]
10	70743	Kuldeep Kaur	NSG Sup	[Signature]
11	20161	Dr. Anshu	Pharmacy	[Signature]
12	70984	Manpreet Singh Sandhu	Purchase	[Signature]
13	71348	Mr. Shally	MR	[Signature]
14	707476	Dr. Pooja Moudgal		[Signature]
15	71105	Kisandeep Kaur	ICN	[Signature]
16	70833	Boneal Kang	ICN	[Signature]
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FHL Training Attendance Sheet

S.No	HICC MEET			
Program Date	18/09/2019			
Trainer	-			
Duration	12:30 PM - 01:50 PM			
Unit	FHL			
S.No	Employee ID	Participant Name	Department	Signature
1	70713	DR BALBIR KAUR	Clinical Pharmacology	Balbir kaur
2	71036	Anita Osmond	CON	Anita Osmond
3	70004	Ranjit Kaur	ICN	Ranjit Kaur
4	71592	Dr. Anamika Sharma	Head Emergency	Anamika Sharma
5	60170	Dr. Anika	TIC	Anika
6	71442	Rahul Sen	CSSD	Rahul Sen
7	70218	Dr. J.P. SHARMA	ANALYSIS	J.P. Sharma
8	71200	Apiti	Quality	Apiti
9				
10		Dr. S. Mahajan	ONC	S. Mahajan
11	71287	Dr. Sumit Singh	Intensive Care	Sumit Singh
12	71073	AP SINGH	ADMIN	AP SINGH
13		Dr. PINKI MOUDIL	Admin	Pinki Moudil
14				
15	71248	Dr. Shally	MLC	Shally
16	70273	Dr. Heenakshi	Blood Bank	Heenakshi
17	71134	Sumit Kumar	Swab	Sumit Kumar
18	70006	Prakash Singh	ICN	Prakash Singh
19				
20				
21	71105	Bisandeep Kaur	ICN	Bisandeep Kaur
22				
23	70833	Bareet Kang	ICN	Bareet Kang
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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:

Date... *1 Dec 2019* ... Signature... *Baneet*
 Place... *Ludhiana* *ICW*

[Signature]
 (CSO)

[Signature]
 (HK HOD)

[Signature]
 (MS)

Baneet Kang
ICW 70833

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:

Date: *01-01-2020* Signature: *Banik*
 Place: *Ludhiana* Ico

Shivendra
 (CSO)

Hardeep
 (HOD HK)

Shally
 (MS)

Banant Karg
 70833 (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 your facility have an Emergency Control policy? If yes give details:

Date: 2 Nov 2019.. Signature: Banik
Place: Ludhiana..... Ico

Banait Kang
70833 (Zer)

[Signature]
(CSO)

[Signature]
(HOD HK)

[Signature]
(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 your facility have an Emergency Control policy? If yes give details:

Date: 1 Oct 2019. Signature: Banshi
Place: Ludhiana..... Ico

[Signature]
(CSO)

[Signature]
(HK HOD)

[Signature]
(MS)

Banshi Karg
70833 (Jew)

MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 16.04.2019 @ 2:30 PM
2. Number of members attended: 12
3. Names of Members Present:
 - Dr. Pinak Moudgil
 - Dr. Shelly
 - Dr. Vinay Singhal
 - Dr. Benika Kajla
 - Mrs. Arpita
 - Dr. Gurpreet
 - Dr. Balbir Kaur
 - Sis. Asha Osmond
 - Sis. Kirandeep
 - Sis. Baneet Kang
 - Mr. Ravikesh
 - Mr. Rahul Soni
4. Agenda circulated prior to meeting (Yes/No): YES
5. Agenda for the meeting:
 - Anti-Hbs titre to be done for HK staff and contractual staff.
 - Annual report submission.
 - BMW related issues
 - Any other issue/concern.
6. Details of action items open from previous meetings: 1

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	pending

Bioassay test of STP –effluent sample collected on 6/8/18- Failed To get retest done.	Mr Sumit	15/12/18	closed
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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	31/07/19	Dr. Shally (pending)
Annual report to be submitted by 30 June.2019.	Mr. Ravikesh	30/06/2019	Mr. AP Singh

8 Signature of Chairman and Convener.

Bevika

Shally

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:

Date: *2nd Sept. 2019* Signature: *[Signature]*
 Place: *Ludhiana*

[Signature]
 (HK HOD)
 Mr. Ravinder

[Signature]
 (MS)

[Signature]
 (MS)

[Signature]
 ESO

July 2019

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:

Date *1st August 2019* Signature..... *Bansla*
Place *Ludhiana*..... *ICO*

Aminder
(HR HOD)

Shally
(MRS)

Brandeep Kaur
7105 (ICW)

Atar
CSO

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 imm0/ediately: *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 *1st July 2019*..... Signature..... *Benita*
ICD.....
 Place *Ludhiana*.....

[Signature]
 (HKHOD)

[Signature]
 (MS)

Kisandeep Baur
 (ICD) 71105

[Signature]
 CSO

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:

Date *1st June 2019*..... Signature..... *Benita*
Place *Ludhiana*..... *ICO*

Aminder
(HR MOD)

Shally (MS)

Kirandeep Baur
21105 (ICN)

Aminder
250

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:

Date *1st May 2019* Signature *Benita*
 Place *Ludhiana* *(ICO)*

[Signature]
 (Head security)

[Signature]
 (MS)

[Signature]
 (HK MOD)

[Signature]
 Kirandeep Kaur
 (IEN)

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:

Date: *01st April: 2019*
Place: *Ludhiana*

Signature: *Benito* (ICO)
Shalby (MS)
(Head security)
Kirandeep Kaur (IEN)
(CHK HOD)

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:

Date...*01st Mar. 2019* Signature.....*Benika*
(ICW)
 Place...*Ludhiana*.....

Vishal Sharma
(Assistant Officer Security)

Shalby
(MS)

Kirandeep Kaur
(ICW)

Ami Wala
(CHK HOD)

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 *01.02.2019* Signature..... *Bavik*
Place *Ludhiana* *I/O*

Shally
(CMS)

Chob security
Chob HR

Kirandeep Kaur
71105 (ECM)

FORM I

ACCIDENT REPORTING

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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 *01.01.2019*

Signature

Benito
I/O

Place *Ludhiana*

Amir Wala
(Head HK)

[Signature]

(HOD Security)

[Signature]
(MS)

Kiran deep
Kaur 71105
ICW

TOTAL TRAININGS MONTH TOTAL TRAINEES

HL

BMW TRAININGS	JAN.19	29
	JAN.19	30
	JAN.19	30
	JAN.19	27
	TOTAL	116
BMW TRAININGS	FEB.19	25
	FEB.19	31
	FEB.19	27
	FEB.19	21
	TOTAL	104
BMW TRAININGS	MAR. 19	35
	MAR. 19	25
	MAR. 19	25
	MAR. 19	35
	TOTAL	120
BMW TRAININGS	APR.19	32
	APR.19	28
	APR.19	32
	APR.19	32
	TOTAL	124
BMW TRAININGS	MAY.19	30
	MAY.19	31
	MAY.19	36
	MAY.19	33
	TOTAL	130
BMW TRAININGS	JUNE.19	35
	JUNE.19	39
	JUNE.19	40
	JUNE.19	39
	TOTAL	153
BMW TRAININGS	JULY.19	36
	JULY.19	32
	JULY.19	41
	JULY.19	38
	TOTAL	147
BMW TRAININGS	AUG.19	32
	AUG.19	35
	AUG.19	41
	AUG.19	28
	TOTAL	136
BMW TRAININGS	SEP.19	33
	SEP.19	30
	SEP.19	20
	SEP.19	39
	TOTAL	122
BMW TRAININGS	OCT.19	38

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	OCT.19	35
	OCT.19	35
	OCT.19	29
	TOTAL	137
BMW TRAININGS	NOV.19	34
	NOV.19	36
	NOV.19	33
	NOV.19	34
	TOTAL	137
BMW TRAININGS	DEC.19	38
	DEC.19	33
	DEC.19	33
	DEC.19	39
	TOTAL	143
TOTAL TRAININGS	48	1569

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Fortis

S. No	Month	Yellow Category		Cytotoxic/ Yellow Category		White Category					
		Total Bags	Total Wt.	Total Bags	Total Wt.	Total Bags	Total Wt.				
6	Dec-19	414	1080.96	282	873.73	31	173.89	85	499.53	64	30.81
7	Nov-19	623	877.33	355	864.1	28	198.91	109	666.42	47	35.86
8	Oct-19	639	1057.1	361	937.29	29	179.68	112	681.26	50	39
9	Sep-19	594	970.17	375	828.21	28	187.39	107	578.98	49	41.38
10	Aug-19	631	858.28	372	669.88	29	187.36	110	517.53	43	29.98
11	Jul-19	608	877.13	368	713.25	32	183.07	84	415.62	39	28.78
12	Jun-19	605	812.56	367	852.93	30	219.83	85	486.53	59	31.82
13	May-19	728	908.91	434	759.51	32	204.64	104	495.9	53	38.16
14	Apr-19	682	936.07	413	818.37	28	178.01	83	447.3	46	29.79
15	Mar-19	735	1210.56	461	837.02	34	211.4	114	566.35	41	42.98
16	Feb-19	642	839.48	426	768.18	31	196.66	99	466.32	51	39.3
17	Jan-19	662	852.96	460	857.42	34	161.52	109	439.52	44	37.76
		7563	11281.51	4674	9779.89	366	2282.36	1201	6261.26	586	425.62



Signature

GDA TRAINING DATA

S.NO	Training By	Training	Date	No. of training employee
1	Sis Kiran	BMW	02/01/2019	0
2	Sis Kiran	BMW	15/01/2019	31
3	Sis Kiran	BMW	25/01/2019	24
4	Sis Kiran	BMW	29/01/2019	23
5	Sis Kiran	BMW	05/02/2019	16
6	Sis Kiran	BMW	12/02/2019	22
7	Sis Kiran	BMW	19/02/2019	26
8	Sis Kiran	BMW	05/03/2019	18
9	Sis Kiran	BMW	12/04/2019	17
10	Sis Kiran	BMW	30/04/2019	14
11	Sis Kiran	BMW	02/05/2019	11
12	Sis Kiran	BMW	10/05/2019	17
13	priyanka	BMW	07/06/2019	18
14	Sis Kiran	BMW	18/06/2019	14
15	Sis Baneet	BMW	20/06/2019	11
16	Sis Kiran	BMW	04/07/2019	20
17	Sis Kiran	BMW	11/07/2019	16
18	Sis Kiran	BMW	22/08/2019	11
19	Sis Kiran	BMW	29/08/2019	14
20	priyanka	BMW	19/09/2019	21
21	Sis Baneet	BMW	25/09/2019	28
22	Sis Kiran	BMW	15/10/2019	13
23	Sis Kiran	BMW	18/10/2019	18
24	Sis Kiran	BMW	24/10/2019	24
25	Sis Kiran	BMW	25/10/2109	20
26	Sis Baneet	BMW	04/11/2019	19
27	Sis Baneet	BMW	15/011/2019	16
28	Sis Baneet	BMW	19/11/2109	13
29	Sis Baneet	BMW	26/11/2109	18
30	Sis Baneet	BMW	29/11/2109	16
31	priyanka	BMW	03/12/2109	13
32	priyanka	BMW	10/12/2019	15
33	Sis Baneet	BMW	17/12/2019	33

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