

To,

✓ The Environment Engineer

Punjab Pollution Control Board

RO Gill road Ludhiana (Punjab).

Received
Ujay
18/01/2021

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

Dear Sir,

Please find hear with enclosed copy of annual report for the period from
(1st January 2020 to 31st December 2020) Fortis Hospital Ltd Mundian
Kalan Chandigarh road Ludhiana Punjab.


Thanking you




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

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 authorised 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		
	(vi) E-mail ID		0161-5222333 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		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.: LDH3/2018/8049960 LDH 3/2018/764686 valid up to 31-3-2021
	(xi). Status of Consents under Water Act and Air Act		Valid up to: 31/03/2021 Air Consents - 31/03/2021
2.	Type of Health Care Facility		
	(i) Bedded Hospital		No. of Beds: 200
	(ii) Non-bedded hospital		Two hundred

	(Clinic or Blood Bank or Clinical Research Institute or Laboratory 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	:	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
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 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:	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		MS 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 the meeting			
7 Details trainings conducted on BMW		Attached			
(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	Monthly accidents forms attached with detail	
	(i) Number of Accidents occurred		
	(ii) Number of the 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

1.1.2020 to 31.12.2020

Name and Signature  Head of the Institution



Date:

Place Ludhiana

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 Jan 2021* Signature: *Benny Ico*
 Place for: *Director*

Francis
(CSO)

Wai Sun
(HK HOD)

Shally
(MS)

Benny
Kang 70833
(Ico)

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 Dec - 2020* Signature: *Benu*
Ico

*Boneit
 Farg
 70833 (Hew)*

*James
 (CSO)*

*W. M. M.
 (AK 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 your facility has an Emergency Control policy? If yes give details: *NA*

Date *2 NOV 2020* Signature *Bunily Iw*
 Place *for this location*

Bitewick (CSO)
W. J. ... (HK HOD)

Shally (MS)

Binnet Farf 90833 (Iw)

Sep-2020

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: NA

Date: 1 Oct 2020 Signature: Bunty
 Place: Foebis... Ludhiana IW

Jitendra
(CSO)

Manoj
(HK MOD)

Shally
(MSD)

Boneet Kaur
70833
(FEO)

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 Sep 2020 Signature: Benu
 Place: HK MOD Ico

Benu
(HK MOD)

Frank
(CSO)

Bened Kang
70533
(Ico)

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 have an Emergency Control policy? If yes give details: *NA*

Date... *1 Aug 2021* Signature..... *Banika*
Place *F.O.M. Ludhiana* *ICW*

Banika
(HK HO)

Bhameet Kaur
70533 (ICW)

Bhameet
(CSO)

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 your facility have an Emergency Control policy? If yes give details: NA

Date... 1 July 2020 Signature..... Bento
Place... Fabrik Ludhiana ICW

Barnet Kang
70833 (ICW)

Arjun
(HK HOD)

Sitender
(CSO)

Aminder

Shelly
(MSD)

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 June 2020* Signature: *Benny*
Place: *Foeh's Laboratory* *IO*

Banect Kang
70833 (Env)

Fiteng
(CSO)

Wong
(HK HOD)

Shelly
(MSO)

[Signature]

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 May 2020*. Signature *Berita Jus*
 Place *Dudhiana*

J. K. Singh
(CSO)

Shally
(MS)
Business

Barnout 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 has an Emergency Control policy? If yes give details:

Date: 01-04-2020 Signature: Beneit
 Place: Ludhiana ICW

Beneit Singh
 70833 (ICW)

Shally
 (MS)

Manish
 (HIC MOD)

Shally
 (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 has an Emergency Control policy? If yes give details:

Date 01-03-2020 Signature Banik
 Place Ludhiana ILD

Banik Singh
 70833 (Env)

Shally
 MS

Amir
 (HR HOD)

708
 (CSO)

Jan - 2020

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:

Date: 1 Feb 2020 Signature: Benita
 Place: Lushkova Fls

Shally
(MS)

Shally
(MS)

Benita
(HEM)

Banect Kang
70833 (Zent)

QUANTITY OF BMW GENERATED

S. No	Month	Red Category		Yellow Category		Cytotoxic/ Yellow Category		Blue Category		White Category		
		Total Bags	Total Wt.	Total Bags	Total Wt.	Total Bags	Total Wt.	Total Bags	Total Wt.	Total Bags	Total Wt.	
1	Dec-20	349	1056.6	289	888.13	30	128.62	34	381.31	52	26.95	
2	Nov-20	345	1065.3	264	875.11	25	122.96	103	383.88	50	31.52	
3	Oct-20	354	1197.7	283	981.38	26	138.23	89	380.89	63	36.93	
4	Sep-20	278	1155.5	228	994.23	24	117.21	59	332.89	54	24.92	
5	Aug-20	253	1072.64	246	966.52	26	135.97	48	268.57	33	21.19	
6	Jul-20	249	1451.8	216	1071.28	29	154.29	51	280.4	34	24.47	
7	Jun-20	240	1601.7	230	1020	26	141.17	55	317.62	38	25.97	
8	May-20	328	1451	271	979.92	27	149.33	44	250.6	36	25.004	
9	Apr-20	250	1177.8	197	819.12	28	120.3	47	274.42	34	23.28	
10	Mar-20	321	1196.8	274	1062.3	45	232.05	91	540.11	61	30.05	
11	Feb-20	348	978.46	266	819.48	24	143.05	89	487.56	56	31.53	
12	Jan-20	355	1289.66	304	1016.49	33	160.33	88	552.32	68	33.58	
		TOTAL-KG	14705.2									335.39
		MONTHLY-AVG.	1225.4									27.95
												4450.57
												370.88
												1743.51
												145.29

M. M. M. M.

BMW TRAINING DATA 2020

DATE	DAY	DEPT.	TOPIC	TRAINEE	TIMING	TRAINERS
1-1-20	Wed	H.K	PPE,NSI,BMW mangement	30	30 min.	Baneet Kang/Punima
8-1-20	Wed	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	38	30 min.	Baneet kang/Preeti
10-1-20	Fri	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	38	30 min.	Baneet kang/Preeti
17-1-20	Fri	H.K	PPE,NSI,BMW mangement	40	30 min.	Baneet Kang/Punima
3-2-20	Mon	H.K	PPE,NSI,BMW mangement	36	30 min.	Baneet Kang/Punima
7-2-20	Fri	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	35	30 min.	Baneet kang/Preeti
12-2-20	Wed	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	29	30 min.	Baneet kang/Preeti
19-2-20	Wed	H.K	PPE,NSI,BMW mangement	32	30 min.	Baneet Kang/Punima
2-3-20	Mon	H.K	PPE,NSI,BMW mangement	40	30 min.	Baneet Kang/Punima
11-3-20	Wed	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	33	30 min.	Baneet kang/Preeti
18-3-20	Wed	H.K	PPE,NSI,BMW mangement	33	30 min.	Baneet Kang/Punima
25-3-20	Tue	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	35	30 min.	Baneet kang/Preeti
1-4-20	Wed	H.K	PPE,NSI,BMW mangement	27	30 min.	Baneet Kang/Punima
10-4-20	Fri	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	26	30 min.	Baneet kang/Preeti
17-4-20	Fri	H.K	PPE,NSI,BMW mangement	28	30 min.	Baneet Kang/Punima
4-5-20	Mon	H.K	PPE,NSI,BMW mangement	26	30 min.	Baneet Kang/Punima
11-5-20	Mon	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	24	30 min.	Baneet kang/Preeti
15-5-20	Fri	H.K	PPE,NSI,BMW mangement	29	30 min.	Baneet Kang/Punima
25-5-20	Mon	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	29	30 min.	Baneet kang/Preeti
1-6-20	Mon	H.K	PPE,NSI,BMW mangement	23	30 min.	Baneet Kang/Punima
10-6-20	Wed	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	23	30 min.	Baneet kang/Preeti
15-6-20	Mon	H.K	PPE,NSI,BMW mangement	24	30 min.	Baneet Kang/Punima
22-6-20	Mon	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	27	30 min.	Baneet kang/Preeti
1-7-20	Wed	H.K	PPE,NSI,BMW mangement	23	30 min.	Baneet Kang/Punima

Signature

13-7-20	Mon	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	28	30 min.	Baneet/Preeti
22-7-20	Wed	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	23	30 min.	Baneet Kang/Preeti
25-7-20	Sat	H.K	PPE,NSI,BMW mangement	24	30 min.	Baneet Kang/Preeti
3-8-20	MON	H.K	PPE,NSI,BMW mangement	20	30 min.	Baneet Kang/Punima
14-8-20	FRI	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	24	30 min.	Baneet/Preeti
24-8-20	MON	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	27	30 min.	Baneet Kang/Preeti
2-9-20	Wed	H.K	PPE,NSI,BMW mangement	29	30 min.	Baneet Kang/Punima
14-9-20	Mon	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	30	30 min.	Baneet/Preeti
2-10-20	Fri	H.K	PPE,NSI,BMW mangement	31	30 min.	Baneet Kang/Punima
12-10-20	Mon	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	30	30 min.	Baneet/Preeti
2-11-20	Mon	H.K	PPE,NSI,BMW mangement	39	30 min.	Baneet Kang/Punima
11-11-20	Wed	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	32	30 min.	Baneet/Preeti
1-12-20	TUE	H.K	PPE,NSI,BMW mangement	41	30 min.	Baneet Kang/Punima
9-12-20	WED	H.K	Hand Hygiene,Vaccination Policy,BMW mangement	34	30 min.	Baneet/Preeti
28-12-20	MON	H.K	PPE,NSI,BMW mangement	35	30min	rdev/Mamdeep Ka



GDA TRAINING DATA

S.NO	Training By	Training	Date	No. of training employee
1	Sis Baneet	BMW	07/01/2020	20
2	Sis Baneet	BMW	14/01/2021	20
3	Sis Baneet	BMW	21/01/2021	13
4	Sis Baneet	BMW	05/02/2020	15
5	Sis Baneet	BMW	12/02/2020	22
6	Sis Baneet	BMW	19/2/202	13
7	Sis Baneet	BMW	04/03/2020	11
8	Sis Baneet	BMW	11/03/2020	10
9	Sis Baneet	BMW	18/3/2020	19
10	Sis Baneet	BMW	20/3/2020	19
11	Sis Baneet	BMW	01/04/2020	12
12	Sis Baneet	BMW	01/05/2020	10
13	Sis Baneet	BMW	15/5/2020	17
14	Sis Baneet	BMW	22/5/2020	20
15	Sis Baneet	BMW	03/06/2020	18
16	Sis Baneet	BMW	10/06/2020	13
17	Sis Baneet	BMW	17/6/2020	24
18	Sis Baneet	BMW	24/6/2020	15
19	Sis Baneet	BMW	01/07/2020	16
20	Sis Baneet	BMW	08/07/2020	18
21	Sis Baneet	BMW	15/7/2020	14
22	Sis Baneet	BMW	22/7/2020	16
23	Sis Baneet	BMW	29/7/2020	8
24	Sis Amandeep	BMW	05/08/2020	26
25	Sis Baneet	BMW	12/08/2020	27
26	Sis Amandeep	BMW	19/8/2020	27
27	Sis Baneet	BMW	09/09/2020	28
28	Sis Baneet	BMW	16/9/2020	21
29	Sis Baneet	BMW	23/9/2020	24
30	Sis Baneet	BMW	07/10/2020	22
31	Sis Baneet	BMW	14/10/2020	32
32	Sis Baneet	BMW	21/10/2020	19
33	Sis Baneet	BMW	04/11/2020	50
34	Sis Baneet	BMW	11/11/2020	32
35	Sis Baneet	BMW	18/11/2020	45
36	Sis Baneet	BMW	25/11/2020	63
37	Sis Baneet	BMW	12/12/2020	38
38	Sis Baneet	BMW	18/12/2020	56
39	Sis Baneet	BMW	25/12/2020	32
			TOTAL	905

[Handwritten signature]

MINUTES OF MEETING

NAME OF UNIT: FORTIS HOSPITAL, LUDHIANA

1. Date & Time: 16.10.2020 @ 12:00 PM

2. Number of members attended: 16

3. Names of Members Present:

- Dr. Vishavdeep Goyal
- Mr. AP Singh
- Dr. Shally
- Dr. Vinay Singhal
- Dr. Benika Kajla
- Dr. J.P.Sharma
- Dr. Gaurav Bindal
- Dr. Balbir
- Mr. Ravikesh
- Mr. Rahul
- Sis. Asha Osmond
- Sis. Amandeep Kaur
- Sis. Baneet Kang
- Mr. Sunit
- Mrs. Arunita
- Mr. Parminder

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: 1

Action Item	Responsibility	Expected Closure Date	Inter Dependencies
Annual report to be submitted by 30 th June-2020	Mr. Ravi Kesh	closed	Mr. AP Singh

7. Timelines and responsibilities to be defined.

Action Item	Responsibility	Expected Closure Date	Inter Dependencies
-------------	----------------	-----------------------	--------------------

STP test to be sent 6 monthly. Also sample should be sent after repair/breakdown of STP unit.	Mr. Sunit	Till 30 th OCT-2020	Mr. AP Singh
Training on BMW segregation and sharp disposal for all staff in patient care areas.	Ms. Anu Priya, Mr. Ravi Kesh	Till 15 th NOV-2020	

8. Signature of Chairman and Convener.

Banita

MINUTES OF MEETING

NAME OF UNIT: FORT S. HOSPITAL, LUDHIANA

1. Date & Time: 30.04.2020 @ 12:00 PM
2. Number of members attended: 18
3. Names of Members Present:
 - Mr. AP Singh
 - Dr. Shally
 - Dr. Vinay Singhal
 - Dr. Navdeep Singh Khaira
 - Dr. Benika Kajla
 - Dr. Abhimaniu Sharma
 - Dr. Heenakshi Shyamtal
 - Dr. J.P. Sharma
 - Dr. Geurav Bindal
 - Mr. Ravikesh
 - Mr. Rahul
 - Sis. Asha Osmond
 - Sis. Amandeep Kaur
 - Sis. Baneet Kang
 - Miss. Ashima Singla
 - Ss. Omay
 - Mr. Sunit
 - Mrs. Arunita
4. Agenda circulated prior to meeting (Yes/No): YES
5. Agenda for the meeting:
 - BMW related issues- Covid waste guidelines to be discussed
 - Any other issue/concern.

Details of action items open from previous meetings: 1

Action Item	Responsibility	Expected Closure Date	Inter Dependencies
STP effluent test to be sent for regular monitoring of STP functioning- at least 6monthly	Mr. Sunit	03/04/20	closed

7. Timelines and responsibilities to be defined.

Action Item	Responsibility	Expected Closure Date	Inter Dependencies
Annual report to be submitted by 30 th June-2020	Mr. Ravikesh	20/06/2020	Mr. AP Singh

Signature of Chairman and Convener.

Devidis

FHL Training Attendance Sheet

B/M
16-10-2020

1 HOUR

Fill in this

Participant Name	Department	Date	Signature
70078 Dr. Gaurav Bindu	Med Admin	16/10/2020	Gaurav
71348 Dr. Shalby	MC	16/10/20	Shalby
70715 Dr. Balbir kaur	Quality & Pro	16/10/20	Balbir
70001 Ravi kish	Manufacturing	16/10/20	Ravi
71036 Nisha Sharma	Manufacturing	16/10/20	Nisha
60170 Dr. Basika	ITD		Basika
70216 Dr. J.P. Sharma	Manufacturing	16/10/20	J.P. Sharma
70201 Dr. Kavya K	Quality		Kavya
71131 Dr. Anshu	Supply	16/10/20	Anshu
70072 Dr. Anshu	Supply	16/10/20	Anshu
71193 Dr. Anshu	ITD	16/10/20	Anshu
70433 Ernest King	ITD	16/10/20	Ernest King
71111 Anurag	ITD	16/10/20	Anurag

FHL Attendance Sheet

Trainer Name		HICC meeting and BMW				
Trainer		-				
Date		30-4-2020				
Duration		1 Hour				
Unit		FHL - Ludhiana				
No	Employee ID	Global ID	Date of Joining	Participant Name	Department	Signature
1	70004	115200	3/5/12	Ravi Kesh	HIC	[Signature]
2	71023	114384	6/24/11	AP Singh	Production	[Signature]
3	71026	1152101	17/8/11	Nisha Grewal	Marketing	[Signature]
4	70170			Dr. Benika	IEO	[Signature]
5	70016	121001	3/10/13	J. Grewal	ITIS	[Signature]
6	71008	107249		Dr. Shally	MS	[Signature]
7	70001			Dr. Jyoti	audit	[Signature]
8	70833	186123	9/5/16	Bhagat Kaur	ITC	[Signature]
9	7109-	192188		Allynd	Detachment	[Signature]
10	71112	199878	5/11/20	Rohit Son	CSSD	[Signature]
11	71722	205293	11/01/20	Amandeep	ITC	[Signature]
12	71619	203686	9/9/19	Ashima	Quality	[Signature]
13	71134	193325	02/09/17	Sumit Kumar	Engg.	[Signature]
14				Dr. Navdeep Kaur	Production	[Signature]
5						
6				Dr. Jyoti		[Signature]
7	70053	190765	16/9/13	Queenia Sandhu	High Sup	[Signature]
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