

Date: 05/03/2020

To  
The Environmental Engineer,  
Regional Office,  
Telangana Pollution Control Board (TSPCB),  
Nampally,  
Hyderabad.

SUB: Submission of Annual report for Biomedical Waste Generation of M/S Guru Nanak  
CARE Hospital, Musheerabad, 500020.

We are from Guru Nanak CARE Hospital submitting you the Annual Report For Biomedical  
Waste Generation for the Year - 2019. kindly acknowledge the same.

Thanking you,

Yours Truly,

For M/s Guru Nanak CARE Hospital,  
Musheerabad.

Authorized signatory.

Encl: Form I



+From -IV  
(See rule 13)  
Annual Report

[To be submitted to the prescribed authority on or before 30<sup>th</sup> June every year for the period from January December of the preceding year, by the Occupier of Health Care Facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl.No	Particulars		
	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr.Satwinder Singh
	(ii) Name of HCF or CBMWTF	:	Guru Nanak Care Hospital – Musheerabad.
	(iii) Address for Correspondence	:	1-4-908/7/, Musheerabad Main Road, Near Raja Deluxe Theatre, Musheerabad, Hyderabad, Telangana 500020
	(i) Address of Facility	:	Sy. No. 179 & 181, Edulapally (V), Nandigam Shad Nagar .Ranga Reddy
	(ii) Tel. No. Fax. No.	:	040 3021 9000
	(V) E-mail ID	:	dr.satwinder.singh@carehospitals.com
	(i) URL of Website	:	www.carehospitals.com
	(ii) GPS coordinates of HCF or CBMWTF	:	CBMWTF
	(iii) Ownership of HCF of CBMWTF	:	Private
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.	:	Authorization No.: TSPCB/BMWA/HY-80/2017-1336 Valid up to: 31-03-2020
	(v) Status of Consents under Water Act and Air Act.	:	Valid up to: 31-03-2020
2.	Type of Health Care Facility	:	SUPER SPECIALITY
	(i) Bedded Hospital	:	No. of Beds: 100
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry.	:	-
3.	Details if CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	NA

(ii) No. of beds covered by CBMWTF	:	NA																																																
(iii) Installed treatment and disposal capacity of CBMWTF	:	NA																																																
(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	NA																																																
Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category: 5454 kg /annum																																																
	:	Red Category: 6797 kg /annum																																																
	:	White: 708 kg/annum																																																
	:	Blue Category: 1218 kg/annum																																																
	:	General Solid waste: kg /annum																																																
Details of the Storage , treatment, transportation, processing and Disposal Facility																																																		
(i) Details of the on-site storage facility	:	Size :--																																																
	:	Capacity:0.3 cu. meter																																																
	:	Provision of on-site storage : The Biomedical waste is stored in color coded bins in air conditioned rooms for not more than 48 hours																																																
(ii) Disposal Facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed In Kg per Annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Paralysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td>---</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td>----</td> <td></td> </tr> <tr> <td>Deep Burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td>----</td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment Equipment	No of Units	Capacity Kg/day	Quantity treated or disposed In Kg per Annum	Incinerators				Plasma Paralysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer		---		Sharps encapsulation or concrete pit		----		Deep Burial pits:				Chemical disinfection:		----		Any other treatment equipment:			
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(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	NA																																																
(iv) No of vehicles used for collection and transportation of biomedical waste.	:	01																																																

		Quantity Generated	Where disposal
(v)	Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)	Incineration AshNA ETP Sludge	
(vi)	Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	G J Multiclave (India) Pvt. Ltd. Sy. No. 179 & 181, Edulapally (V), Nandigam Shad Nagar .Ranga Reddy .Telangana	
(vii)	List of member HCF not handed over bio-medical waste.	:	NA
	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	YES
	Detail trainings conducted on BMW		
(i)	Number of training conducted on BMW Management.		2
(ii)	Number of personnel trained		20
(iii)	Number of personnel trained at the time of induction		20
(iv)	Number of personnel not undergone any training so far.		0
(v)	Whether standard manual for training is available ?		Yes
(vi)	Any other information)		Nil
8.	Details of the accident occurred during the year		NIL
(i)	Number of Accidents occurred		NA
(ii)	Number of the persons affected		NA
(iii)	Remedial Action taken (Please attach details if any)		NA
(iv)	Any Fatality occurred, details.		NA
9.	Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?		INCINERATOR NOT AVAILABLE WITH OUR ORGANIZATION. OUT SOURCED.
	Details of Continuous online emission monitoring systems installed		OUT SOURCED
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		NA
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have		NA

not met the standards in a year?		
Any other relevant information		Nil

Certified that the above report is for the period from January 2019 to December 2019.

Name and Signature of the Head of the Institution



re:  
re: