



Date: -25/03/22

To,

The Environmental Engineer Regional Office. TSPCB Hyderabad.

Subject: - Annual Report submission (Form-IV).

Dear Sir,

Please find the enclosed annual report of biomedical waste management at CARE Hospitals, Road No 1, Banjara Hills. Hyderabad for the period of January 2021 to December 2021 in form IV.

Thanking you,

ARE With Regards Road No 1. à Banjara Hills Dr. Rahul Meds HCOO



# QUALITY CARE INDIA LIMITED

## evercare group

### CARE HOSPITALS

Banjara Hills: 6-3-248./2, Road No.1, Hyderabad - 500034, Telangana, T: (040)-61656565, F: (040)-30418488 Banjara Hills - CARE Outpatient Centre: Road No 10, Hyderabad - 500034, Telangana, T: (040)-61656565, F: (040)-3931 0140 E: Info@carehospitals.com | W: carehospitals.com

#### **REGISTERED OFFICE**

H No. 6-3-248/2. Road No 1. Banjara Hills, Hyderabad - 500034. Telangana T. (040)-30418888. (040)-23234444. | F. 040-30418488. | E. [=fn@carehospitals.com. | W. carehospitals.com.

### CORPORATE OFFICE

CIN: U85110TG1992PLC014728

H No. 8-2-120/86/10, 1st Floor, Kohinoor building, Road No. 2. Banjara hills. Hyderabad -500.034, Telangana T. (040)-618065651E info@carehosofials.com | W. carehosofials.com

# Form – IV (See rule 13) ANNUAL REPORT

e submitted to the prescribed authority on or before 30th June every year for the period from January cember of the preceding year, by the occupier of health care facility (HCF) or common bio-medical e troatment facility (CBWTE)]

trea	tment facility (CBWTF)]	1	
	Particulars		
	articulars of the Occupier		
	i) Name of the authorized person (occupier or : operator of facility)	:	M/S CARE Hospital ( A unit of of quality care India Ltd)
	ii) Name of HCF or CBMWTF	:	Care hospital
	iii) Address for Correspondence	:	H.No- 6-3-248/2 Road No-1,Banjara Hills,Prem nagar.Hyderabad- 500034
1	(iv) Address of Facility	:	H.No- 6-3-248/2 Road No-1,Banjara Hills,Prem nagar.Hyderabad- 500035
+	(v)Tel. No, Fax. No	:	040-30418888
_	(vi) E-mail ID	:	info@carehospital.com
$\neg$	(vii) URL of Website	:	http://www.carehospitals.com/
_	(viii) GPS coordinates of HCF or CBMWTF	:	Latitiude: 17:41321
	(VIII) GPS coordinates of rice of oblitter		Longitude:78.450202
	(ix) Ownership of HCF or CBMWTF	• :	(State Government or Private or Semi Govt. or any other)
-	(x). Status of Authorization under the Bio- Medical	:	Authorisation No.:208-HYD/TSPCB/ZO-HYD/CFO/HCF/2020 1118 Valid upto:31/03/22.
	Waste (Management and Handling) Rules		
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto:31/03/22
	Type of Health Care Facility		Tertiary Health care Facility
		: : :	No. of Beds: 414
	<ul> <li>(i) Bedded Hospital</li> <li>(ii) Non-bedded hospital</li> <li>Clinical Laboratory or Research Institute or</li> <li>Veterinary Hospital or any other)</li> </ul>	:	Not Applicable
	(iii) License number and its date of expiry	:	
	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	Not Applicable
	(ii) No. of Beds covered by CBMWTF	:	Not Applicable
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	Kg / day
8	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	Kg / day
4	Quantity of waste generated or disposed in Kg per	r ;	Yellow Category:75359.5 kg/ Annum
	Annum (on monthly average basis)		Red Category:57251.6 Kg/Annum
			White:1426 Kg/ Annum
			Blue Category: 1980.5 Kg/Annum
			General Solid Waste:112508.9 Kg/Annum

1+	Details of the Storage, Treatment, Transportation, Proc (i) Details of the on-site storage facility		Size:			
			Capacity: Provision of on-site storage : (Cold storage or any other provision)			
			Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treatedor disposed in kg per annum
	· ·		Incinerators			
ē			Plasma Pyrolysis			
			Autoclaves		+	
	-		Microwave	-		-
	-		Hydroclave			
	ŝ		Shredder			
	(ii) Disposal facilities				+	
		- si -	Needle tip cutter or			
			destroyer Sharps			
			Encapsulation or			
			concrete			
			pit Deep burial			
			pits			
			Chemical			
	· · · · · ·		disinfection:			
			Any other			
			treatment			
	A		equipment:			
	<ul> <li>(iii)Quantity of recyclable wastes</li> </ul>	:	Red Category (like	plastic, g	lass, etc.)	
	sold to authorized recyclers after treatment in		and a second free broader, Broad, Creel			
	Kg per annum					
	(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	5		Quan	tity rated	Where disposed
	of wastes in Kg per annum		Incineration	Gene	ated	
			Ash			
			ETP Sludge			
	(vi) Name of the Common Bio- Medical Waste					
	Treatment Facility Operator through which		GJ Multiclave Indi			
	wastes are disposed of		Sy.no.179 &181,E Ranga Reddy. Tela	dulapally angana	(V),Nandigr	am Shad Nagar.
13	(vii) List of member HCF not handed over bio- medical waste.		Not Applicable			
	Do you have bio-medical waste management					
	committee? If yes, attach minutes of the meetings		Bio medical related issues are discussed in Hosp		ed in Hospital	
	held during the		infection control committee meetings.			
	reporting period	1	1			

	etails trainings conducted on BMW	
1	(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?	
8	Details of the accident occurred during the year	Total of 4 NSI incidents occured
	(i) Number of Accidents occurred	4
	_ (ii) Number of persons affected	4
	(iii) Remedial Action taken (Please attach details if any)	As per infection control protocols immidiate investigations were conducted and results were non reactive
	(iv) Any Fatality occurred, details	Nil
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	N/A
	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?	STP & ETP for hospital waste water treatmentis available in HCF and periodically its been tessed and ensured that it is meeting the standards.
11 .	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that above report is for the period of January'21 to December'21

Date: 25/03/2022 Place: Hyderabod Name and Signature of the read of the Institution

No Mayor Incidente Reported.

FORM – I [See rule 4(0), 5(i) and 15(2)]

# ACCIDENT REPORTING

1.	Date and time of accident			NIL

2. Type of Accident

: NIL

:

:

:

3. Sequence of events leading to accident : NIL

4. Has the Authority of been informed immediately: NIL

5. The type of waste involved in accident : NIL

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

Date :...25.10312022..... Place :...lydurabad.....

	WAC'	ST CARE MOS
Signature		Barjara Hills
Designation	Hospital	. Origenting Statin
		Officer





Date: -25/03/22

The Environmental Engineer Regional Office. TSPCB Hyderabad.

Subject: - Request for enhancement of Bio-Medical waste generation quantity.

Dear Sir,

To,

This is to request you to enhance the biomedical waste generation limit as per the below-mentioned details: -

Type of waste	Qty Permitted	<b>Requested Enhancement</b>
Yellow	2640 Kg/month	6200 Kg/ month
	840 Kg/month	4700 Kg/month
Red	60 Kg/month	160kg/month
White	10.0	110kg/month
Blue	60 Kg/Month	110kg/month





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# CIN: U85110TG1992PLC014728

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