

To
The Environmental Engineer,
Regional Office,
Telangana State Pollution Control Board (TSPCB),
4th Floor, Hyderabad District Collector's Office Complex
Nampally, Hyderabad – Telangana – 500 001.

Respected Sir,

Reg: - Submission of Environmental Statement Form No IV for the year April 2021- March -2022.

We are herewith submitting the Environmental Statement Form No IV for the year April 2021- March -2022

Kindly receive the same and acknowledge please.

For Quality Care India limited
(CARE Hospitals, Nampally)



Syed Kamran Husain.
Hospital Chief Operating Officer
CARE Hospitals,
Nampally - Telangana - 500 001.



Encl : Form No . IV
HICC minutes of the meeting.

CARE HOSPITALS

Exhibition Grounds Road, Nampally, Hyderabad – 500 001, Telangana
T: (040)-67106565 | F: (040)-30417488 | 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: info@carehospitals.com | W: carehospitals.com

CORPORATE OFFICE

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Hyderabad -500 034, Telangana
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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)	:	Syed Kamran Husain HCOO
	(ii) Name of HCF or CBMWTF	:	Care Hospitals- Nampally Hyderabad - 500001
	(iii) Address for Correspondence	:	5-4-199, J.N Road, M.J Market, Nampally, Hyderabad - 500001
	(iv) Address of Facility	:	5-4-199, J.N Road, M.J Market, Nampally, Hyderabad - 500001
	(v) Tel. No, Fax. No	:	040-67106565
	(vi) E-mail ID	:	Cnm.hcoo@carehospitals.com
	(vii) URL of Website	:	www.carehospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	TSPCB/600/BMWM/CBMWTF/755
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: TSPCB/BMWA/HYD/2017/1324 Valid up to: 60/06/2022
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: Every month ambient air quality & water analysis reports submitted.
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds : 257
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	07F-APMC-00093 date of Expiry – 18.12.2024
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	_____ Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	_____ Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 1400.1 Kg's Red Category: 2126.5 Kg's White: 30.7 Kg's Blue Category: 472.1 Kg's General Solid Waste: 4188 Kg's

5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility																																																							
	(i) Details of the on-site storage facility	:	Size: 5X5 - 25Sft each room Capacity: 200 Bags in each room Provision of on-site storage: (Cold storage or any other provision)																																																					
	(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 Pyrolysis</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</td><td></td><td></td><td></td></tr> <tr><td>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>BY G J MULTI CLAVE INDIA PVT LTD</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 Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer				Sharps				Encapsulation or concrete pit				Deep burial pits				Chemical disinfection:				Any other treatment equipment:	BY G J MULTI CLAVE INDIA PVT LTD			
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	(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	:	Two																																																					
	(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></th> <th>Quantity Generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr><td>Incineration</td><td></td><td></td></tr> <tr><td>Ash</td><td></td><td></td></tr> <tr><td>ETP Sludge</td><td></td><td></td></tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration			Ash			ETP Sludge																																											
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of																																																							
	(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
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		Regular Bed side teaching by the INC to the Housekeeping staff and Nursing staff
	(ii) Number of personnel trained		75
	(iii) Number of personnel trained at the time of induction		64
	(iv) Number of personnel not undergone any training so far		-----
	(v) Whether standard manual for training is available?		YES
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		NIL
	(ii) Number of persons affected		NIL
	(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?		
	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 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?		
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from: April 2021- March 2022


 Name and Signature of the Head of the Institution



SYED KAMRAN HUSAIN
H.C.O.O.
Hospital Administration
Care Hospital, Nampally,
HYDERABAD-500 007



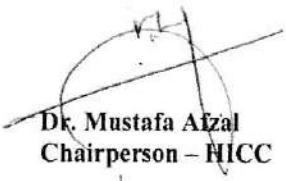
Minutes of HICC Meet held on Friday, 31st Jan 2022

From: HICC

To: All Concerned

Members Present: Mr. Syed Kamran Husain, Dr. Navin Chand, Dr. Mustafa Afzal, Dr. Goverdhan, Dr. Kulkarni, Dr. Seema, Mr. Manav B., Ms. Deepa, Mr. Jobin, Ms. Manju, Dr. Kusha, Mr. Venkat Ramana, Mr. Venkata Reddy, Mr. Srinivas, Mr. Vipul, Ms. Madhulata Acharya, Mr. Raghuma Reddy, Ms. Swapna, Ms. Rekha, Nurse In-charges (Wards, ICUs & OTs).

S. No	Tasks Discussed	Action Plan	Responsibility	Target date	Status
1.	Participation of committee members	<ul style="list-style-type: none">All the committee members and concerned department / their representative must ensure their participation with the update on the task discussed in previous minutes.	All HODs	Next Meet	
2.	Compliance to prophylactic antibiotic	<ul style="list-style-type: none">Compliance level to prophylactic antibiotics decreased.The details with RCA and CAPA to be presented in next meet.	Dr. Mustafa Afzal	Next Meet	
3.	Sealing Machine	<ul style="list-style-type: none">Update on sealing machine procurement for CSSD to be informed to HCOO and HICC chairperson.	Mr. T. Seshagiri	02.02.22	
4.	Vaccination Certificate	<ul style="list-style-type: none">Vaccination certificate to be ensured in staff personal file.	Mr. Venkata Ramana,	W.i.e.	
5.	Cleaning Practices	<ul style="list-style-type: none">Cleaning practices to be reviewed in OPDs, Corridors and Non Clinical Areas.	Ms. Swapna	05.02.22	


Dr. Mustafa Afzal
Chairperson - HICC

CC to:
H.G.O.O. - For kind information please
Head Medical Services - For kind information please
All Committee Members
All Concerned