

To,

The Regional officer,
Pollution Control Board
Kabir Nagar, Raipur (C.G)

Date: 06/07/2022

**SUBMISSION: SUBMISSION OF ANNUAL REPORT OF BIOMEDICAL WASTE (1ST JAN 2021 – 31ST DEC 2021),
RAMKRISHNA CARE HOSPITAL**

Dear Sir,

We (Ramkrishna Care Hospital) are submitting the annual Bio medical waste report for the above mentioned period.

Enclosed: Form IV

Regards,



Dr. Sandeep Dave
MD **SANDEEP DAVE (M.B.B.S.)**
MEDICAL & MANAGING DIRECTOR
RAMKRISHNA CARE HOSPITAL, RAIPUR



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. SANDEEP DAVE
	(ii) Name of HCF or CBMWTF	:	RAM KRISHNA CARE MEDICAL SCIENCE PVT LTD
	(iii) Address for Correspondence	:	NEAR ANVINDO ENCLOSED
	(iv) Address of Facility	:	PACHPEDI NAKA RAIPUR
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	devendar.nirmalkara@carehospitals.com
	(vii) URL of Website	:	BMW.Carehospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	21.2129 N 81.6537
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation OBCB No.: 9757/BMW/HO/CECB/2019valid up to 02/08/2022
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30/06/2023
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:..... 359
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	RAIP005/RAIP0005/HOS/R-8
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

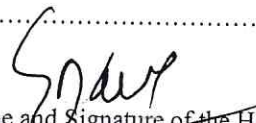
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<table border="1"> <tr> <td>Yellow Category</td> <td>: 3960.36</td> <td>Kg</td> </tr> <tr> <td>Red Category</td> <td>: 3725.23</td> <td>Kg</td> </tr> <tr> <td>White:</td> <td>138.65</td> <td>Kg</td> </tr> <tr> <td>Blue Category</td> <td>: 792.44</td> <td></td> </tr> <tr> <td>General Solid waste:</td> <td></td> <td></td> </tr> </table>	Yellow Category	: 3960.36	Kg	Red Category	: 3725.23	Kg	White:	138.65	Kg	Blue Category	: 792.44		General Solid waste:																																			
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5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	<table border="1"> <tr> <td>Size</td> <td>: 12.3 X 13.5 7.7 X 8 6.10 X 12</td> </tr> <tr> <td>Capacity</td> <td>:</td> </tr> <tr> <td>Provision of on-site storage</td> <td>: (cold storage or any other provision)</td> </tr> </table>	Size	: 12.3 X 13.5 7.7 X 8 6.10 X 12	Capacity	:	Provision of on-site storage	: (cold storage or any other provision)																																										
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	(ii) Details of the treatment or 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 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> <p style="text-align: right;">1 STP (HYBRID)</p>	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:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	<table border="1"> <tr> <td>Red Category (like plastic, glass etc.)</td> <td></td> </tr> <tr> <td></td> <td>NA</td> </tr> </table>	Red Category (like plastic, glass etc.)			NA																																												
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	(iv) No of vehicles used for collection and transportation of biomedical waste	:	02																																																
	(v) Details of incineration ash and ETP sludge generated and disposed	:	<table border="1"> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Quantity generated	Where disposed																																														
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	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge NIL
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	SMS WATERGRACE PVT. LTD
	(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.	8 Per MONTH
	(ii) number of personnel trained	540
	(iii) number of personnel trained at the time of induction	268
	(iv) number of personnel not undergone any training so far	NON
	(v) whether standard manual for training is available?	Yes
	(vi) any other information	
8	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred	NIL
	(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?	NIL (ALL PARAMETER WITHIN LIMIT)
	Details of Continuous online emission monitoring systems installed	NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	NIL (ALL) PARAMETER WITHIN LIMIT
11	Is the disinfection method or sterilization meeting the log 4	NIL (ALL) PARAMETER WITHIN LIMIT

	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

1st Jan 2021 to 31st DEC 2021



Name and Signature of the Head of the Institution

Date:
Place

SANDEEP DAVE (M.D.)
MEDICAL & MANAGING DIRECTOR
KAMRISHNA CARE HOSPITAL