## Form - 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 Januaryto December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

| SI.<br>No. | Particulars   |       |  |
|------------|---|-------|--|
| 1.         | Particulars of the Occupier   |       |  |
|            | (i) Name of the authorised person (occupier or operator of facility)                                    |       | Mr.Sunit Aggarwal  |
|            | (ii) Name of HCF or CBMWTF  | :     | CARE HOSPITALS-HITCEH CITY   |
|            | (iii) Address for Correspondence  |       | Plot no 46,47,Jayabheri pine valley,Besides cyberabad Commissioner office,Gachibowli,Hyderabad.            |
|            | (iv) Address of Facility  |       | omice, odemoowin, my derdodd.  |
|            |   |       | Old Mumbai High-way, Near Cyberabo<br>police<br>commissionarte, Gachibowli, Hyderabao<br>Telangana- 500032 |
| -          | (v)Tel. No, Fax. No   | :     | 040-33623774   |
| -          | (vi) E-mail ID  | :     | sunit.aggarwal@carehospoitals.com  |
|            | (vii) URL of Website  | T     | http://www.carehospitals.com/  |
|            | (viii) GPS coordinates of HCF or CBMWTF   | P. 13 |  |
|            | (ix) Ownership of HCF or CBMWTF   |       | (Private)  |
|            | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules                |       | Authorisation No.: 905/RR-I/TSPCB/RO-I RRD/BMW/2021-449 Valid from 15/09/2021 valid up to 30/06/2026       |
|            | (xi). Status of Consents under Water Act and Air Act  | :     | Valid up to:30/06/2026   |
|            | Type of Health Care Facility  |       |  |
|            | (i) Bedded Hospital   | 1.586 | No. of Beds: 09  |
| -          | (ii) Non-bedded hospital  | •     | No. of Beas: 09  |
|            | (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) |       | Not applicable   |
| oni        |   |       | 905/RR-I/TSPCB/RO-I<br>RRD/BMW/2021-449  |
| VI         | Details of CBMWTF   | :     | NA ·   |

Details of Charles of

|    | (i) Number healthcare facilities<br>CBMWTF  | COV    | ered by                                 |                                    | NA                          |              |                                |  |  |
|----|---|--------|---|------------------------------------|-----------------------------|--------------|--------------------------------|--|--|
|    | (ii) No of beds covered by CBMWTF   |        | NA                                      |                                    |                             |              |                                |  |  |
|    | (iii) Installed treatment and disposal CBMWTF:  |        | : Kg per day                            |                                    |                             |              |                                |  |  |
|    | (iv) Quantity of biomedical waste treat<br>by CBMWTF  | ed or  | disposed                                | :                                  | Kg/day                      |              |                                |  |  |
| 4. | Quantity of waste generated or disposed in Kg per   |        |   | •                                  | Yellow                      | Categor      | v: 7.5                         | kgs/Month  |  |
|    | annum (on monthly average basis)  |        |   |                                    | Red Category: 2.5 kgs/Month |              |                                |  |  |
|    |   |        |   |                                    | White: 1.5 Kgs/Month        |              |                                |  |  |
|    |   |        | Blue Category: 1.5 Kgs/Month            |                                    |                             |              |                                |  |  |
|    |   |        | General Solid waste: 370 Kgs/Mor        |                                    |                             |              |                                |  |  |
|    | Details of the Storage, treatment, transp   | ortati | on, proces                              | sing a                             | nd Dispos                   | al Facil     | ity                            |  |  |
|    | (i) Details of the on-site storage  |        | Size                                    |                                    | 25 X 5.2                    |              |                                |  |  |
|    | facility  | No.    | Capacit                                 | y : on                             | one day waste generation    |              |                                |  |  |
|    |   |        |   |                                    | n of on-site storage        |              |                                |  |  |
|    | disposal facilities   |        | Type equip  Incine Plasm Autoc          | ment<br>a Pyr                      | olysis                      | No of unit s | Cap<br>acit<br>y<br>Kg/<br>day | Quantity<br>treatedo<br>r<br>disposed<br>in kg<br>per<br>annum |  |
|    |   |        | destro                                  | clave<br>der<br>e tip c            | utter or                    |              |                                |  |  |
|    |   |        | concre                                  | psulation or rete pit burial pits: |                             |              |                                |  |  |
|    |   | ction  | eatment                                 |                                    |                             |              |                                |  |  |
| 1  | (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<br>and transportation of biomedical<br>waste  |    | one   |
|-----|---|----|---|
|     | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum          | 1  | Quantity Where generated disposed  NA   |
|     | (vi) Name of the Common Bio-<br>Medical Waste Treatment Facility<br>Operator through which wastes are<br>disposed of          |    | GJ MULTICLAVE   |
|     | (vii) List of member HCF not handed over bio-medical waste.   |    | NA  |
| 6   | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period   |    | Will discuss about compliance to BMW disposal and its handling in hospital has infection Control Committee. |
| 7   | Details trainings conducted on BMW  |    | BMW 2016 rules and hospital policy on waste disposal /needle stick injury policy                            |
|     | (i) Number of trainings conducted on BMW Management.  |    | 14  |
|     | (ii) number of personnel trained  |    | All Nursing,HK (30)   |
|     | (iii) number of personnel trained at<br>the time of induction   |    | All new joiners   |
|     | (iv) number of personnel not undergone any training so far  |    | Nil   |
|     | (v) whether standard manual for training is available?  |    | Yes   |
| 0   | (vi) any other information)   |    | NO  |
| 8   | Details of the accident occurred during the year  | 1  |   |
|     | (i) Number of Accidents occurred  | W. | Nil   |
|     | (ii) Number of the persons affected (iii) Remedial Action taken (Please attach details if any)                                |    |   |
| r T | (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? |    | NA  |
|     | Details of Continuous online emission monitoring systems installed  |    |   |

| 10 | Liquid waste generated and treatment<br>methods in place. How many times<br>you have not met the standards in a<br>year?          | NA  |
|----|---|---|
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | NA  |
| 12 | Any other relevant information  | (Air Pollution Control Devices attached with the Incinerator) |

| Certified that the above report is for the period from (Jan 2022-Dec 2022) |  |
|--|--|
|  |  |
|  |  |
|  |  |
| ***************************************                                    |  |
|  |  |
| ***************************************                                    |  |

Date: 06.06.2023 Place: Hyderabad Name and Signature of the Head of the Institution

Mr. Sunit Aggarwal,
Hospital Chief Operating Officer
Care Hospitals, Hi-Tech City
Old Mugaed Mighway, Near Cyberabad, 2.
Police Commissionerate
HI-Tech City, Hyderabad - 5(10 032)