

To,

The Environment Engineer

Regional Office

Telangana State Pollution Control Board (TSPCB)

4<sup>th</sup> Floor, Hyderabad District Collectors Office complex

Nampally, Hyderabad, Telangana 500 001.

Respected Sir,


Reg: Submission of Environmental Statement form No 4 for the year Jan 2022 – Dec 2022

We are herewith submitting the Environment Statement Form no IV for the year Jan 2022 – Dec 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, Hyderabad, Telangana 500 001

Enclosure: Form No.4

HICC minutes of the meeting



**CARE HOSPITALS**

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**REGISTERED OFFICE**

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**CORPORATE OFFICE**

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CARE

**Minutes of HICC Meet held on Thursday, 9<sup>th</sup> Feb 2023**

From: HICC

To: All Concerned

**Members Present:** Dr. Mustafa Afzal, Mr Kamran Husain , Dr.Navin, Dr Goverdan, Dr Seema , Dr. Abuzar, Mr Vipul, Ms. Deepa, Mr. Jobin, Mr.Aziz, Mr. C. Venkata Reddy, Ms. Venketa Lakshmi, Nurse In-charges (Wards, ICUs & OTS).

| S. No | Tasks Discussed                                   | Action Plan   | Responsibility | Target date |
|-------|---|---|----------------|-------------|
| 1     | Link Nurses                                       | <ul style="list-style-type: none"><li>Link Nurses to be identified</li></ul>  | ICN            | 28/2/2023   |
| 2     | Closure status of NABH.Non Compliance Observation | <ul style="list-style-type: none"><li>Closure of NABH Non Compliance Observation to be done as per the corrective and preventive action .</li></ul> | ICN            | 10/3/2023   |

*MA*

Dr. Mustafa Afzal  
Chairperson – HICC

CC to:

H.C.O.O. – For kind information please

Head Medical Services – For kind information please

All Committee Members

All Concerned

**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 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)                                    | : | <b>Syed Kamran Husain<br/>HCOO</b>  |
|         | (ii) Name of HCF or CBMWF   | : | <b>Care Hospitals Nampally<br/>Hyderabad -500001</b>  |
|         | (iii) Address for Correspondence  | : | 5-4-199, J.N Road, M.J Market,<br>Nampally, Hyderabad - 500001  |
|         | (iv) Address of Facility  | : | 5-4-199, J.N Road, M.J Market,<br>Nampally, Hyderabad - 500001  |
|         | (v) Tel. No. Fax. No  | : | 040-67106565  |
|         | (vi) E-mail ID  | : | Cnm.hcoo@carehospitals.com  |
|         | (vii) URL of Website  | : | <b>www.carehospitals.com</b>  |
|         | (viii) GPS coordinates of HCF or CBMWF  | : | <b>CBMWF</b>  |
|         | (ix) Ownership of HCF or CBMWF  | : | (State Government or Private or<br>Semi Govt. or any other)   |
|         | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules                | : | Authorization No.:<br><b>208-HYDTSPCB/ZOH/TS-<br/>iPASS/HCF/CFO2023-44</b><br>.....valid up to <b>31/3/2026</b> |
|         | (xi). Status of Consents under Water Act and Air Act  | : | Valid up to: <b>31/3/2026</b><br>Every month ambient air quality &<br>water analysis reports submitted.         |
| 2.      | Type of Health Care Facility  | : | <b>Private</b>  |
|         | (i) Bedded Hospital   | : | No. of Beds: <b>305</b>   |
|         | (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   | : | 07F-APMCE-00093 date of Expiry -<br>18.12.2024  |
| 3.      | Details of CBMWF  | : |   |
|         | (i) Number health care facilities covered by CBMWF  | : |   |
|         | (ii) No of beds covered by CBMWF  | : |   |



|    |   |   |  |             |                 |  |
|----|---|---|--|-------------|-----------------|--|
|    | (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)                | : | Yellow Category :1881 KG   |             |                 |  |
|    |   |   | Red Category : 2130 KG   |             |                 |  |
|    |   |   | White: 70 KG   |             |                 |  |
|    |   |   | Blue Category :131   |             |                 |  |
|    |   |   | General Solid waste: 3460  |             |                 |  |
| 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 : 100 Bags in each room                                     |             |                 |  |
|    |   |   | Provision of on-site storage : (cold storage or any other provision) |             |                 |  |
|    | disposal facilities   |   | 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.Multiclave (India) Pvt. Ltd.                                  |             |                 |  |
|    | (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          | Incineration<br>Ash<br>ETP Sludge  | Quantity generated | Where disposed |
|    | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                    | G.J.Multiclave (India) Pvt. Ltd., Sarvey No 179<br>.Mothkulagudam village Nandigama Mandal,<br>Ranga Reddy Dist , Telangana 509216 |                    |                |
|    | (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   | YES  |                    |                |
| 7  | Details trainings conducted on BMW  |  |                    |                |
|    | (i) Number of trainings conducted on BMW Management.  | 1.Regular Bedside training by ICN,<br>2.Monthly Induction Training,<br>3.Refresher training for Housekeeping staff.                |                    |                |
|    | (ii) number of personnel trained  | 90   |                    |                |
|    | (iii) number of personnel trained at the time of induction  | 85   |                    |                |
|    | (iv) number of personnel not undergone any training so far  | 0  |                    |                |
|    | (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   | NIL  |                    |                |
|    | (iii) Remedial Action taken (Please attach details if any)  | NIL  |                    |                |
|    | (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? | NA   |                    |                |
|    | 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? | NA  |
| 12 | Any other relevant information  | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from

.....  
 April 2022- March 2023.....



Name and Signature of the Head of the Institution

Date: 28/4/2023  
 Place: Hyderabad

