

To

The Joint Chief Environment Engineer  
A.P. Pollution Control Board  
Visakhapatnam.

Respected Sir

**Sub: Submitting Form IV of CARE Hospitals, Health City, Vizag**

Greetings from CARE Hospitals, Vizag.

We are herewith submitting For IV annual report for the CARE Hospitals, Visakhapatnam

This is for your information sir

Thanks & Regards

  
**ANURAG CHAUDHURI**  
Authorized Signatory  
CARE Hospitals  
Ramnagar  
Visakhapatnam  
Operating Officer  
Quality Care India Ltd.  
Visakhapatnam



Encl :

Form IV

**QUALITY CARE INDIA LIMITED**

**CIN: U85110TG1992PLC014728**

**evercare group**



**Ramnagar** : D.No. 10-50-11/5. A.S.Raja Complex,  
Waltair Main Road, Visakhapatnam - 530 002.  
Tel:Ph : **0891-6165656**,  
E-mail: [carevisakha@carehospitals.com](mailto:carevisakha@carehospitals.com)

**Health City**: Plot No. 3. Health City, Arilova, Visakhapatnam,  
Andhra Pradesh- 530040, Tel: **0891-2555799, 0891-6799601**  
**24x7 EMERGENCY CONTACT NO. 0891-2555733**

**Registered Office**: # 6-3-248/2, Road No.1 Banjara Hills, Hyderabad - 500 034 Telangana

**Corporate Office**: # 8-2-120/86/10, 1st Floor, Kohinoor Building, Road No.2, Banjara Hills, Hyderabad - 500 034

E : [info@carehospitals.com](mailto:info@carehospitals.com)

W: [www.carehospitals.com](http://www.carehospitals.com)

**Form-IV(Seerule13)**  
**ANNUALREPORT**

[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)	:	Mr. Mayukh Chaudhuri
	(ii) Name of HCF for CBMWTF	:	CARE Hospitals (Quality Care India Ltd)
	(iii) Address for Correspondence	:	Plot No.3 Health City, Arilova, Visakhapatnam, AP - 530040
	(iv) Address of Facility	:	Plot No.3 Health City, Arilova, Visakhapatnam, AP - 530040
	(v) Tel. No, Fax. No	:	0891-2555799
	(vi) E-mail ID	:	
	(vii) URL of Website	:	www.carehospitals.com
	(viii) GPS coordinates of HCF for CBMWTF	:	17.761761023705674, 83.31530022188466
	(ix) Ownership of HCF for CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No: APPCB-11025/3/2023-TEC-BMW-APPCB 11/07/2023
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30-05-2025
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 247
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	1875 Date of Expiry: 27-04-2028
3.	Details of CBMWTF	:	
	(i) Number health care facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA

	(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 : 4.52 (Avg per month, Kg) Total -18.1 Kg Red Category: 7.97 (Avg per month, kg) Total - 31.9 White: 2.15 (Avg per month, kg), Total -8.6 Blue Category: 1.51 (Avg per month, Kg) Total -6.05 General Solid waste: 6.35																																												
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																														
	(i) Details of the on-site storage facility	:	Size : NA Capacity: NA Provision of on-site storage : (cold storage or any other provision)																																												
	disposal facilities		<table border="1"> <thead> <tr> <th>Type of treatment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity of equipment treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators Plasma</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pyrolysis Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave 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> <tr> <td>:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment	No of units	Capacity Kg/day	Quantity of equipment 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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	(iv) No of vehicles used for collection and transportation of biomedical waste	:	01								
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table><tr><th>Quantity generated</th><th>Where disposed</th></tr><tr><td>Incineration Ash</td><td></td></tr><tr><td>ETP Sludge</td><td></td></tr><tr><td>NA</td><td></td></tr></table>	Quantity generated	Where disposed	Incineration Ash		ETP Sludge		NA	
Quantity generated	Where disposed										
Incineration Ash											
ETP Sludge											
NA											
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	MARIDI ECO INDUSTRIES (ANDHRA) Pvt. Ltd								
	(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.		4								
	(ii) number of personnel trained		5								
	(iii) number of personnel trained at the time of induction		5								
	(iv) number of personnel not undergone any training so far		NIL								
	(v) whether standard manual for training is available?		Yes								
	(vi) any other information)		-								
8	Details of the accident occurred during the year										
	(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		NA								

	the standards?		
	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
11	Is the disinfection method or sterilization meeting the log4 standards? How many times you have not met the standards in a year?		NIL
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) NA

Certified that the above report is for the period from

.....  
 ..... 1<sup>st</sup> SEPTEMBER 2023 TO 31<sup>st</sup> DECEMBER 2023  
 .....  
 ....  
 .....



Name and Signature of the Head of the Institution

Date: 1/05/2024

Place: VISAKHAPATNAM

**MAYUKH CHAUDHURI**  
 Hospital Chief Operating Officer  
 CARE Hospitals  
 Quality Care India Ltd.  
 Visakhapatnam

**FORM – I**  
**[ (See rule 4(o), 5(i) and**

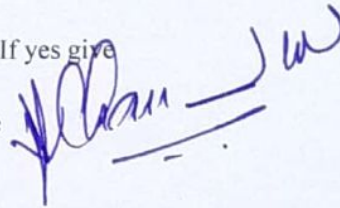
**15 (2)|ACCIDENT**

**REPORTING**

1. Date and time of accident : nil
2. Type of Accident : No accident (NIL)
3. Sequence of events leading to accident : NIL
4. Has the Authority been informed immediately : No accident (NIL)
5. The type of waste involved in accident : No accident (NIL)
6. Assessment of the effects of the accidents on human health and the environment: No accident (NIL)
7. Emergency measures taken : No accident (NIL)
8. Steps taken to alleviate the effects of accidents : No accident (NIL)
9. Steps taken to prevent the recurrence of such an accident : No accident (NIL)
10. Does your facility have an Emergency Control policy? If yes give

Details: Date : 1/05/2024

Signature



.....  
Place: HEALTH CITY, VISAKHAPATNAM

Designation .....

**MAYUKH CHAUDHURI**  
Hospital Chief Operating Officer  
CARE Hospitals  
Quality Care India Ltd.  
Visakhapatnam



Health City, Visakhapatnam

Minutes of the HICC committee Indicators held on 25/11/2023

**From:** Infection Control Department (Nov 2023)

**To:** All Concerned

**Speaker:** Dr. V Gayathri

**Time:** 1:00 pm to 2:00 pm

**Committee Members:**

Dr. T.L. Rani  
Dr. Harish  
Dr. Snehal  
Dr. G Srinivas  
Mr. Hari  
Ms. Anitha Thomas  
Ms. Naina K  
Mr. Suresh Kumar S  
Mr. Dipankar

**Minutes of the Meeting:**

Discussed Points	Action Points	Responsible Person	Target Date
BMW compliance	To create awareness on segregation of Biomedical waste at all level and ensure compliance on the same	ICN	Continuous
Antibiotic Policy	Antibiotic stewardship in progress to understand the use of the antibiotics	ICD	Dec 2023
Phlebitis	To train the staff on monitoring the VIP score	NS Nurse educator ICN	Continuous

  
**Infection Control Chairperson**

Dr. T L Rani