



4/ Feb/ 2020

To,

The Enviromental Engineer,
Regional office,
TSPCB Hyderabad.

Subject: Annual Report Submission(From-IV)

Dear sir,

Please find the enclosed annual report of biomedical waste management at CARE Hospital,
Road no:1 Banjara Hills,Hyderabad for the period of January 2019 to Dec 2019 inform no IV

Thanking you,

With Regards,



**Needle Stick Injury(Biowaste Segregation And Collection Related Injuries)
for the Year-Jan 2019 to Dec 2019**

| SNO | Months | Number Of Needle Stick Injuries |
|-----|--------------|---------------------------------|
| 1 | January | 1 |
| 2 | February | 1 |
| 3 | March | 1 |
| 4 | April | 0 |
| 5 | May | 1 |
| 6 | June | 0 |
| 7 | July | 0 |
| 8 | August | 0 |
| 9 | September | 1 |
| 10 | October | 1 |
| 11 | November | 0 |
| 12 | December | 0 |
| | TOTAL | 6 |



Dr,Riyaz Khan
HCOO

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) | : | M/S CARE Hospital(A unit of quality care India Ltd.) |
| | (ii) Name of HCF or CBMWTF | : | CARE HOSPITAL |
| | (iii) Address for Correspondence | : | H.NO:6-3-248/2 Road no-1 Banjarahills,Hyderabad 500034 |
| | (iv) Address of Facility | : | H.NO:6-3-248/2 Road no-1 Banjarahills,Hyderabad 500034 |
| | (v)Tel. No, Fax. No | : | Tel+91-40-30418888 Fax+91-040-30418488 |
| | (vi) E-mail ID | : | info@carehospital.com |
| | (vii) URL of Website | : | https://www.carehospitals.com/ |
| | (viii) GPS coordinates of HCF or CBMWTF | : | Latitude:17.41321 Longitude:78.450202 |
| | (ix) Ownership of HCF or CBMWTF | : | Private Authorisation No:TSPCB/BMWA/HYD/1930933/H O/2019 |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : | valid up to 31/3/2020 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to:31/03/2020 |
| 2. | Type of Health Care Facility | : | Tertiary Health Care Facility |
| | (i) Bedded Hospital | : | No. of Beds:.....414 |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | Not applicable |
| | (iii) License number and its date of expiry | : | |
| 3. | Details of CBMWTF | : | |
| | (i) Number healthcare facilities covered by CBMWTF | : | Not applicable |
| | (ii) No of beds covered by CBMWTF | : | Not applicable |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | Not applicable |

| | | | | | | |
|----|---|---|--|--------------------------------|-----------------------------|--|
| | (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:55944 kg/annum Red Category :79581.2 kg/annum White:8825.9 kg/annum Blue Category :5667.3 kg/annum General Solid waste:159650.64 | | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | |
| | (i) Details of the on-site storage facility | : | Size : Capacity : Provision of on-site storage : (cold storage or any other provision) | | | |
| | (ii) Details of the treatment or disposal facilities | : | Type of treatment equipment 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: | No of units - - - | Capacity - - - | Quantity treated or disposed in kg per annum |
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | : | Not Applicable | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | Not Applicable | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed | : | Quantity generated | Where disposed | | |

| | | | |
|----|---|---|---|
| | during the treatment of wastes in Kg per annum | | Incineration Ash ETP Sludge |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | : | G J Multiclave(India)Pvt Ltd Sy no179&181,Edulapally(v), Nandigram sha Nagar Ranaga reddy,Telangana. |
| | (vii) List of member HCF not handed over bio-medical waste. | | Not Applicable |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | Bio waste related issues are discussed in Hospital infection Control committee meeting |
| 7 | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | | 40 |
| | (ii) number of personnel trained | | 1167 |
| | (iii) number of personnel trained at the time of induction | | 273 |
| | (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 | | Needle stick injury during bio-waste collection and segregation(Attached) |
| | (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? | | Incinerator not available with our organization treatment of BMW is outsourced,yes we are meeting the standards every time under consent of Air Act |
| | Details of Continuous online emission | | Not Applicable |

| | | | |
|----|---|--|---|
| | monitoring systems installed | | |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | Yes, we have STP & ETP for Hospital waste water treatment within HCF and periodically we are getting tested and meeting standards every times |
| 11 | Is the disinfection method or Sterilization meeting the log 4 | | Not Applicable |

| | | | |
|----|---|---|---|
| | 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 January 2019 to December 2019



Name and Signature of the Head of the Institution

Date:
Place