

Blue Sapphire
Healthcares Pvt. Ltd.

13.06.2018

The Regional officer,
Haryana state pollution control board
Faridabad Region
Sector-16A, Faridabad

Subject: Submission of Annual report (Form-IV) for January 2017 to December 2017 as per Bio-Medical Waste Management Rules, 2016.

Sir,

Kindly find herewith enclosed an Annual report (Form- IV) attached as per Bio-Medical Waste Management Rules, 2016.

Thanking you,

Yours sincerely,

VIRE

(Authorized signatory)
Badhkal Flyover Road, Sector 21A,
Faridabad - 121001, Haryana(India)

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)]

S.No.	Particulars		Annual Report - 2017-18.
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Virender Gehlot
	(ii) Name of HCF or CBMWTF	:	Blue Sapphire. Healthcares Pvt. Ltd.
	(iii) Address for Correspondence	:	Badkal Flyover Road, Sector-21A, Faridabad.
	(iv) Address of Facility	:	Badkal Flyover Road, Sector-21A, Faridabad.
	(v) Tel. No, Fax. No	:	0129-4253000
	(vi) E-mail ID	:	virender.gehlot@aimsindia.com
	(vii) URL of Website	:	https://www.aimsindia.com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(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 No.: BMW.18.FD.BD.3997850 Valid up to 31/03/2020
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30/09/2020.
2.	Type of Health Care Facility	:	Super Speciality Hospital.
	(i) Bedded Hospital	:	No. of Beds:..... 425
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	

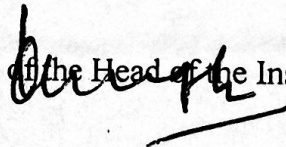
	(iii) License number and its date of expiry																																														
3.	Details of CBMWTF																																														
	(i) Number healthcare facilities covered by CBMWTF																																														
	(ii) No of beds covered by CBMWTF																																														
	(iii) Installed treatment and disposal capacity of CBMWTF:		_____ Kg per day																																												
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF		_____ Kg per day																																												
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		Yellow Category : 7368 Kg. Red Category: 7452 Kg. White: 732 Kg. Blue Category : 8196 Kg. General Solid waste: 26000 Kg.																																												
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																														
	(i) Details of the on-site storage facility disposal facilities	:	Size:																																												
			Capacity :																																												
			Provision of on-site storage : (cold storage or any other provision)																																												
			<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/ 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</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No. of units	Capacity kg/day	Quantity treated or disposed in kg/ annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer			-	Sharps encapsulation or			-	concrete pit				Deep burial pits:			
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		Chemical disinfection: Any other treatment equipment:												
	(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													
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	<table border="0"> <tr> <td></td> <td>Quantity generated</td> <td>Where disposed</td> </tr> <tr> <td>Incineration</td> <td>NA.</td> <td></td> </tr> <tr> <td>Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td>1419.</td> <td>CBMWTF.</td> </tr> </table>		Quantity generated	Where disposed	Incineration	NA.		Ash			ETP Sludge	1419.	CBMWTF.
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	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	: <i>Cradden Eagle Waste Management Company.</i> <i>Village - Jasara Tiga on Road, Jasara.</i>												
	(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	<i>We have Hospital Infection Control Committee which discusses about Biomedical waste. Minutes of Meetings (2) are attached.</i>												
7	Details trainings conducted on BMW													
	(i) Number of trainings conducted on BMW Management.	<i>8</i>												
	(ii) Number of personnel trained	<i>222.</i>												
	(iii) number of personnel trained at the time of induction													
	(iv) number of personnel not undergone any training so far	<i>0</i>												
	(v) whether standard manual for training is available?	<i>Yes.</i>												
	(vi) any other information)													
8	Details of the accident occurred during the year													
	(i) Number of Accidents occurred	<i>Nil.</i>												
	(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?	<i>NA.</i>												
	Details of Continuous online emission monitoring systems installed	<i>Not Installed.</i>												

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

Certified that the above report is for the period from

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Name and Signature of the Head of the Institution


Virender Gehlot
 Administrator
 Asian Institute of Medical Sciences
 Badhkal Flyover Road, Sector 21A,
 Faridabad - 121001, Haryana(India)

Date:
 Place