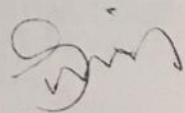


FORM - I
[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

1. Date and time of accident : Nil
2. Type of Accident : Nil
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effects of the accidents on human health and the environment: Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does your facility have an Emergency Control policy? If yes give details: Yes.

Date : 11/01/2019
Place : Bathinda

Signature : 
Designation : GM (Operation)



Max Super Speciality Hospital
Near Civil Hospital, NH-64,
Mansa Road, Bathinda (Punjab)-151001

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)	:	Mr Sunil Mehta (GM) Operations, Bathinda
	(ii) Name of HCF or CBMWTF	:	Max Super Speciality Hospital
	(iii) Address for Correspondence	:	NH-60, Near Civil Hospital, Mansa Road, Bathinda - 151001
	(iv) Address of Facility	:	Bathinda
	(v) Tel. No, Fax. No	:	0164-6601183 (Phone) 6601555 (Fax)
	(vi) E-mail ID	:	
	(vii) URL of Website	:	—
	(viii) GPS coordinates of HCF or CBMWTF	:	—
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.:valid up to 31-03-2019
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: Water - 31-03-2019 Air - 31-03-2019
2.	Type of Health Care Facility	:	Hospital
	(i) Bedded Hospital	:	No. of Beds: 200-
	(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	:	BMW/Renewal/BT1/2018/7299274
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



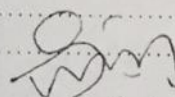
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	— Kg/day																																																							
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 594.82 kg Red Category : 491.81 kg White: 42.19 kg Blue Category : 265.64 kg General Solid waste: —																																																							
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																									
	(i) Details of the on-site storage facility	:	Size : 10 x 15 Capacity : 150 kg Provision of on-site storage : (cold storage or any other provision)																																																							
	(ii) Details of the treatment or disposal facilities	:	<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 per 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>NA</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 ✓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>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 10% Sodium Hypochloride disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</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 per annum	Incinerators				Plasma Pyrolysis				Autoclaves ✓				Microwave				Hydroclave		NA		Shredder				Needle tip cutter or destroyer ✓				Sharps ✓				encapsulation or concrete pit				Deep burial pits				Chemical 10% Sodium Hypochloride disinfection:				Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) NIL																																																							
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	NIL																																																							
	(v) Details of incineration ash and ETP sludge generated and disposed	:	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>				Quantity generated	Where disposed																																																		
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	during the treatment of wastes in Kg per annum		Incineration	
			Ash	Nil
			ETP Sludge	Nil
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Medicare Environmental Management 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.		91	
	(ii) number of personnel trained		32	
	(iii) number of personnel trained at the time of induction		23	
	(iv) number of personnel not undergone any training so far		No	
	(v) whether standard manual for training is available?		weekly.	
	(vi) any other information		—	
8	Details of the accident occurred during the year		—	
	(i) Number of Accidents occurred		—	
	(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?		NA	
	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?		10% Sodium Hypochloride treated.	
11	Is the disinfection method or sterilization meeting the log 4		—	

	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

01-01-2018 to 31-12-2018



Mr. Sunit Mehta

Name and Signature of the Head of the Institution

Date: 11/01/2019

Place Bathinda

May

Speciality Hospital
 il Hospital, NH-64,
 Bathinda (Punjab)-151001