

MSSH/DPCC/81

June 10, 2020

To,
The Scientific Officer
Delhi Pollution Control Committee
IVth floor, ISBT Building
Kashmere Gate
New Delhi – 110 006

16/06/2020
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Sub: Submission of Annual Report under BMW rules for the period January, 2019 to December, 2019

Dear Sir,

We are enclosing herewith Annual report in Form IV with respect to Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital & Research Centre for Medical Sciences), Press Enclave Road, Mandir Marg, Saket, New Delhi – 110 017 for the period January, 2019 to December, 2019.

We have an agreement with M/s. Biotic Waste Management Solutions Pvt. Ltd. for disposal of Bio Medical Waste generated in our said hospital and we are attaching herewith the Annual Report for the year 2019 issued by M/s. Biotic Waste Management Solutions Pvt. Ltd.

Thanking you,

Yours faithfully,

For Max Smart Super Speciality Hospital
(a unit of Gujarmal Modi Hospital & Research Centre for Medical Sciences)

Dr. Gurpreet Singh
Dr. Gurpreet Singh
Vice President & Unit Head

Max Smart Super Speciality Hospital
(A unit of Gujarmal Modi Hospital and
Research Centre for Medical Science)
Mandir Marg, Press Enclave Road,
Saket, New Delhi – 110 017

Max Smart Super Speciality Hospital, Saket

A unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences

(Gujarmal Modi Hospital and Research Centre for Medical Sciences Registered under the Societies Registration Act XXI of 1860)

Regd. Office: Mandir Marg, Press Enclave Road, Saket, New Delhi- 110017

Phone: +91-11-7121 2121, Fax: +91-11-2696 3801

www.maxhealthcare.in



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 preceeding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBMWTF)]

Sl. No.	Particulars	
1	Particulars of the occupier	
	(i) Name of the Authorised person (occupier or operator of facility):	: Dr. Gurpreet Singh
	(ii) Name of HCF or CBMWTF	: Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences)
	(iii) Address for Correspondence	: Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences), Press Enclave Road, Mandir Marg, Saket, New Delhi - 110 017
	(iv) Address of Facility	: Max Smart Super Speciality Hospital (a Unit of Gujarmal Modi Hospital and Research Centre for Medical Sciences), Press Enclave Road, Mandir Marg, Saket, New Delhi - 110 017
	(v) Tel. No. Fax No.	: 011 - 71212121
	(vi) Email ID	: susheela.krishnan@maxhealthcare.com
	(vii) URL of Website	: www.maxhealthcare.com
	(viii) GPS coordinats of HCF or CBMWTF	: 28.527267, 77.211482
	(ix) Ownership of HCF or CBMWTF	: Private Hospital
	(x) Status of Authorisation under the Bio-Medical Waste (management and Handling) Rules	: Authorisation No. DPCC/(11)(5)(01)/2019/BMW/NST/AUTH/2683569, valid up to : 15.08.2024
	(xi) Status of Consents under Water Act and Air Act	: Consent Order No. DPCC/BMW/2019/25, valid upto 09.08.2024
2	Type of Health Care Facility	
	(i) Bedded Hospital	: 250 bedded Hospital
	(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	: Regn. No. DGHS/NH/137 - valid upto 31.03.2020, Application submitted with Directorate General of Health services for renewal of Registration Certificate vide application dated 10.01.2020
3	Details of CBMWTF	: Biotic Waste Solutions Pvt. Ltd. 46-SSI Industrial Area, GTK Road, Delhi-110033
	(i) Number of 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	: Not Applicable

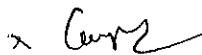
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	: Yellow Category : 29284.04 Kg.			
		Red Category : 42711.73 Kg.			
		White : 3433.48 Kg			
		Blue Category : 11903.11 kg.			
		General Solid Waste : 120130.00 Kg			
5	Details of Storage, treatment, transportation, processing and Disposal Facility				
	(i) Details of the on-site storage facility	: Size : 484 sq.ft			
		Capacity : storage capacity of 760 kg			
		Provision of on-site storage : Separate storage for each category, ventilation system provided			
	(ii) Disposal Facilities	: Agreement with Biotic Waste Solutions Pvt. Ltd. For disposal of Bio Medical Waste			
		Type of treatment equipment	No. of Units	Capacity Kg/day	Quantity treated or disposed in kg per annum
		Incinerators	Not applicable		
		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					
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	: Red Category (like plastic, glass etc.) : Not Applicable				
(iv) No of vehicles used for collection and transportation of biomedical waste	: 1 vehicle, daily one trip for collection				
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	: Quantity Where generated and disposed				
	Incineration Ash	Not applicable			
	: ETP/STP sludge	Nil			
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	: Biotic Waste Solutions Pvt. Ltd. 46, SSI Industrial Area, GT Karnal road Delhi-110033				
(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	: We have Infection Control Committee which is monitoring the activities related to Bio Medical Waste management. Minutes of the meeting held during the period are attached as Annexure - A			
7	Details of trainings conducted on BMW				
	(i) Number of trainings conducted on BMW management	: Approx. 50			

	(ii) Number of personnel trained	: All employees are trained, Approx. 1335
	(iii) Number of personnel trained at the time of induction	: 537
	(vi) Number of personnel not undergone any training so far	: Nil
	(v) Whether standard manual for training is available ?	: Infection Control Manual is available and Bio Medical Waste management is a part of the same
	(vi) Any other information	: Nil
8	Details of the accidents occurred during the year	: None
	(i) Number of Accidents occurred	: Nil
	(ii) Number of persons affected	: Nil
	(iii) Remedial action taken (Please attach details if any)	: Not applicable
	(iv) Any Fatality occurred, details	: None
9	Are you meeting the standards of Air Pollution from the incinerator? How many times in last year could not met the standards?	: Not applicable
10	Details of Continuous online emission monitoring systems installed	: Not applicable
11	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	: STP & ETP are installed in our Hospital. We always met the standards
12	Is the disinfection method or sterilization meeting the log 4 standard? How many times you have not met the standards in a year?	: Not applicable
13	Any other relevant information	: (Air Pollution Control Devices attached with the Incinerator) : Not applicable

Certified that the above report is for the period from 1st January, 2019 to 31st December, 2019

Date : 10.06.2020

Place : New Delhi



Dr. Gurpreet Singh

Vice President & Unit Head

Max Smart Speciality Hospital
(A Unit of Max Healthcare Limited Hospital and
Research Centre - Medical Science)
Mandir Marg, Phase II, Connaught Place,
Saket, New Delhi 110 017

Date: Tuesday, 30th April 2019

Time: 04:40 pm – 06:15 pm

Venue: Conference Room

Chaired by: Dr Arun Dewan

Present: Dr. Trilochan Singh Jain; Dr. Bansidhar Tarai; Gaje Singh; Dr Ritesh Aggarwal; Dr. Manish Malik; Ms Manju Devi Tyagi; Col. Aarti Dutt; Mr. Pratap Singh; Dr Bindu Sharma; Rijo Savyu; Dr Manju Mani; Ms. Jyoti Ester; Dr. Rohin Saini;

Leave of Absence: Dr Mukul Kapoor; Dr. Jitendra Maheshwari; Dr Manju Khemani; Dr Prashant Saxena; Dr. Sumeet Shah; Ms. Nisha.

Agenda Items will be:

1. ICTF round reports
2. Antibigram
3. Usage of AMS App
4. Validation of indications for usage of Restricted Antibiotics
5. Visit to BMW site
6. Visit to Laundry sites
7. Budget with expenditure in the intervening period
8. Adequate cleaning of the hanging paintings in ICUs not happening. Responsibility belongs to whom?
9. Post discharge terminal cleaning of the beds not happening in non-critical areas.
10. AC vents cleaning not done since long in ICUs. Mail sent to engg but schedule not decided yet.
11. Terminal cleaning & disinfection not happened in the ICUs since long.
12. BMW dust bins printed labels not updated yet.
13. We still have black dust bins in the system, not replaced by the blue bins.
14. BMW & solid waste polybags are not changed regularly.
15. Rusted trolleys & uncovered buckets to be taken care of.
16. Requirement of eye irrigation in case of splash (OT, CSSD, ENDOSCOPY, ER)
17. Relevant Quality Indicators

S.No.	Actionable items	Responsibility	Timeline
Agenda 1 ICTF round have been initiated.			
Agenda 2: Dr Bansidhar has registered all Doctors contact number in AMS App of Max Smart provided by HR and advised who are using old App needs to Re- Download it. Antibigram is available in AMS App.			

Agenda No 3: Visit done for BMW and Laundry site and observations has been shared to concerned person for necessary action and it was bring into notice of all members that BMW site people are not allowing an surprise Audit,			
1.	Follow-Up of Action taken by the concerned person for Laundry Site Visit Report	Dr Rohin/ Ms. Monika	With Immediate Effect
2.	MS/ Quality Director to relook the contract signed with BMW Site for prior intimation of Visit by Hospital and should take this as an agenda for CICC Meeting.	Dr Manju Mani/ Dr Sahar Qureshi	With Immediate Effect
3.	It was discussed to cover the paintings present in the ICU'S to be covered with a transparent cellophane Sheet.	Dr Bindu Sharma	With Immediate Effect
Agenda No 4: Dr Bansidhar provided the Infection Control Budget with expenditure in the intervening period			
Agenda No 5: It was brought into the knowledge of committee members that staff nurses are not providing proper catheter care and not even counterchecked by second person.			
3.	To strengthened the CAUTI Bundles.	Mr. Rijo/ Ms. Jyoti	With Immediate Effect
4.	To designate Infection Control Champion's in departments	Ms. Manju Tyagi/ Col. Aarti Dutt	31 st May 2019
5.	- OPD staff nurse is not aware about the solution to be used for Catheter Care. - Need to check for the updated CAUTI Bundles checklist available or not.	Mr. Rijo/ Ms. Jyoti	With Immediate Effect
6.	To provide/make hook in the side of the patient beds for Hanging of Urobag's.	Mr. Vaibhav/ Mr. Vijin	31 st May 2019
Agenda No 6: Zip Lock pouch is needs to get available in the departments.			
Agenda No 7: Infection Control team discussed the RCA & CAPA OF VAP and found some concerns regarding disinfection and placement of Suction Apparatus.			
7.	Infection Control Nurse should share such findings with the Infection Control Committee members on mail.	Mr. Rijo/ Ms. Jyoti	With Immediate Effect
8.	ICN should cross check for those findings after one month also.		
Agenda No 8: Issue related Bio Medical Waste Management was discussed among Committee members.			
9.	- Housekeeping staffs rather than changing BMW bag they are emptying it. - BMW bins bags should get changed properly as per the protocol.	Ms. Anju Panwar	With Immediate Effect

10.	Black dust bins have not been changed to blue bins yet.	Ms. Anju Panwar	With Immediate Effect
11.	Dr Arun Dewan suggested to get the cleaning Schedule of following:- • AC Duct • AC Vent	Ms. Anju Panwar	With Immediate Effect
	• Air Exchange	Mr. Brajesh	
12.	There are many rusted trolleys & uncovered buckets in the department	Mr. Vaibhav	With Immediate Effect

Date: Tuesday, 23rd July 2019

Time: 04:00 pm – 05:00 pm

Venue: Conference Room

Chaired by: Dr Arun Dewan

Present: Dr. Trilochan Singh Jain; Dr. Bansidhar Tarai; Dr Sahar; Gaje Singh; Dr Ritesh Aggarwal; Ms Manju Devi Tyagi; Col. Aarti Dutt; Mr. Dushyant; Rijo Savvyu; Ms. Jyoti Ester; Dr. Rohin Saini; Ms Greeshma; Dr Varun; Ms Anjeleena Wilson; Dr Charu Jandial; Mr Vaibhav; Mr Arun Gulliya; Ms. Monika.

Leave of Absence: Dr Mukul Kapoor; Dr. Jitendra Maheshwari; Dr Manju Khemani; Dr Prashant Saxena; Dr. Sumeet Shah; Dr. Manish Malik; Dr Bindu Sharma; Dr Manju Mani.

Agenda Items will be:

1. Updated Disinfection checklist to be implement from August-2019
2. Autoclave for Blood bags (Responsibilities for spore testing and maintenance)
3. Outsource visit (Laundry and BMW) to be scheduled
4. SSI Tracking -Calling post op patients by coordinators
5. Pre-surgical antibiotic prophylaxis audit compliance (RCA AND CAPA)
6. Restricted antibiotics (audit, RCA, CAPA)
7. High risk procedure monitoring - (Dialysis, Cath lab procedure)
8. Validation of Indications of Restricted antibiotic usage
9. Budget and Expenditure in the intervening period.
10. Relevant Quality Indicators

S.No.	Actionable items	Responsibility	Timeline
Agenda 1 It was discussed in the committee meeting to keep Spore testing as an Agenda for next meeting also.			
Agenda 2: Outsource visit to Laundry and BMW is scheduled on 26-07-2019.			
Agenda No 3: It was decided by the committee members to make a process for SSI tracking.			
1.	To make and share the process for tracking of SSI along with responsibilities	Col. Aarti Dutt/ ICN	15 th August 2019
2.	It was suggested to display Wound care nurse number in treatment room.		
Agenda No 4: It was decided that Col. Aarti Dutt will share the Pre-Surgical Antibiotic Prophylaxis with Clinical Pharmacist- Ms. Greeshma on daily bases.			

Agenda No 4: It was brought to the knowledge of committee members that escalation of Restricted Antibiotics was limited to concern Consultant only.			
3.	Clinical pharmacist should escalate to Infection Control Officer then to Medical Director.	Ms. Greeshma	On going
Agenda No 5: It was discussed that the High risk procedure monitoring to be prepared as per the daily check points/audit by ICN			
4.	ICN to make a checklist for High risk procedure monitoring.	ICN	15 th August 2019
Agenda No. 6: Medical Quality will share the Infection Control Budget with the chairperson.			
Agenda No. 7: It was suggested by the chairperson that cross check or supervise test can be done for CAUTI Bundles practices.			
Agenda No. 8: It was brought to the knowledge of committee members that consistently Housekeeping supervisor is not attending the meeting and there is lots of Infection Control related to Housekeeping department.			
5.	Ms. Anju to do a meeting with Infection Control Officer and Infection Control Nurse	Ms. Anju Panwar	6 th August 2019
Agenda No. 9 It was discussed in the meeting that ICN should share the evidence and report of breeching of infection control practices with Committee members			

INFECTION PREVENTION COMMITTEE

Minutes of Meeting

Date: Tuesday, 19th November 2019

Time: 04:00pm – 05:30pm

Venue: DSA Training Room

Chaired by: Dr Arun Dewan

Present: Dr. Bansidhar Tarai; Dr Sahar; Gaje Singh; Dr Ritesh Aggarwal; Col. Aarti Dutt; Ms. Jyoti Ester; Dr. Rohin Saini; Ms Greeshma; Dr Varun; Mr. Samson; Mr Vaibhav; Dr Manju Mani; Dr Prerit Mathur; Ms. Anju Panwar; Mr. Pratap; Mr. Ashutosh; Ms. Deepti Sujata; Ms. Bindu Joseph; Mr Rejin; Mr. Chacko; Dr Mukul Kapoor; Dr Bindu Sharma.

Leave of Absence: Ms. Manju Devi Tyagi; Dr Manju Khemani; Dr Prashant Saxena; Dr. Sumeet Shah; Dr. Manish Malik; Dr. Jitendra Maheshwari.

Agenda Items:

1. Bronchoscopy Outbreak- manual cleaning of the Scopes.
2. Non- availability of sharp containers- Required amount had been shared with HK department but HK have budget issue.
3. Discussion on usage of pediatric drip sets instead of IV sets for category A & B patients.
4. Disposal of the left over live or attenuated vaccine & its pretreatment.
5. There are many broken bins in the IPD areas which are not changed due to non-availability, and which is hampering the work of staff working in those areas.
6. It was discussed in the meeting that ICN should share the evidence and report of breeching of infection control practices with Committee members.
7. Relevant Quality Indicators

S.No.	Actionable items	Responsibility	Timeline
Agenda 1: Bronchoscopy Outbreak- manual cleaning of the Scopes			
1.	1. Common brush is used for cleaning of scopes. 2. Manual cleaning of scopes 3. Changing cycle for Cidex- OPA 4. Dip- test of cidex-OPA to be done on 4, 7,10 and finally discarded on 14 day. 5. Randon surviellance to be send from Cidex- OPA. 6. Follow-Up for new scope washer to be done.	ICN	Closed
Agenda No 2: Discussion on usage of pediatric drip sets instead of IV sets for category A & B patients			
2.	Use of Paediatric IV set for category A & B patients were discussed and it was decided not to use these sets.		Closed

Agenda No 3: Disposal of the left over live or attenuated vaccine & its pre treatment			
3.	Before discarding the live or attenuated vaccine they have to be Autoclaved.	Housekeeping / Nursing Team	Closed
Agenda No. 4: There are many broken bins in the IPD areas which are not changed due to non-availability, and which is hampering the work of staff working in those areas			
4.	Ms. Anju to do a meeting with Infection Control Nurse to identify the areas which require the bins to be changed and replace them	Ms. Anju Panwar	Within a month
Agenda No. 5: It was discussed in the meeting that ICN should share the evidence and report of breccching of infection control practices with Committee members.			

INFECTION PREVENTION COMMITTEE

Minutes of Meeting

Date: Tuesday, January 22, 2019

Time: 04:00 pm – 06.00 pm

Venue: Conference Room

Chaired by: Dr Arun Dewan

Present: Dr. Trilochan Singh Jain; Dr. Bansidhar Tarai; Gaje Singh; Dr Sahar Qureshi; Dr Ritesh Aggarwal; Riyo Savyu; Dr Manju Mani; Ms. Yesu Gogia; Ms. Jyoti Ester; Dr. Rohin Saini

Leave of Absence: Ms. Anju Panwar; Mr. Brajesh Kumar; Ms. Manju Devi Tyagi; Ms. Nisha; Capt. Aarti Dutt.

Agenda Items will be:

1. Update on the last meeting's actionable points
2. Infection Control Update including HAI rates / bundle compliances /antibiotics trends/ biomedical waste management compliance
3. Discussion on the following items
 - H1N1 cohorting facility.
 - Unavailability of Autoclave for blood bag pre-treatment.
 - Vaccination records of HKS & GDAs.
 - To include Tetanus injection in immunization schedule as per DPCC.
 - Facility Rounds to be initiated (Includes ICN, NURSING & MEDICAL QUALITY, HK, ENGG, Bio-Medical).
 - Employee Vaccination Status
4. Any other item with permission of the chairperson

S.No.	Actionable items	Responsibility	Timeline
Agenda 1: The meeting started with an update on Last MOM by all concerned stakeholders. Closure for the following points was pending: a. Duct Cleaning and Monitor cleaning in ICU. It was reiterated by Chairman-Infection Prevention Committee that all stakeholders should ensure timely closure of all the points discussed in the meeting.			
Agenda 2: Last 3 months trends of VAC, IVAC & PVAP were shared with the forum.			
Agenda No 3: H1N1 Cohorting facility			
1.	Designated rooms have been identified.	ICN	Immediately

	Sensitization of nursing staff regarding Cough Etiquettes to be implemented by Infection Control Nurse		
Agenda No 4: Unavailability of Autoclave for blood bag pre-treatment			
2.	Budget allocation to be done for Autoclave in the annual budget.	Mr. Gaje	
Agenda No 5: Vaccination records of HKS & GDAs			
3.	Data of Housekeeping staff and GDA's vaccination could not be validated. It was decided by the forum that as it is outsourced department so the sole responsible for vaccination is of parent company. But they have to be made complaint for the same.	Dr.Sahar	Ongoing
Agenda No 6: Facility Rounds to be initiated (Includes ICN, NURSING & MEDICAL QUALITY, HK, ENGG, Bio-Medical).			
4.	Schedule to be made by ICN and Quality Department	ICN/ Dr. Rohin Saini	Within 1 week

EMERGENCY CODES & RESPONSE TEAM

Policy

In the event of an emergency in the hospital, and when there is a need to make a public announcement or raise an immediate alert, the staff on no. 55 and inform the nature of the emergency:

EMERGENCY CODES & TEAM MEMBERS		
Code	Situation	To be Contacted
Code Blue	Cardiac Arrest	ICU Duty Doctor/Emergency Duty Doctor/Anesthesiologist on Duty/Floor Manager - ICU/Floor Manager - ER/Shift Manager/Security Supervisor
Code Red	Fire	Fire Safety Officer - 8888 Security Supervisor - Security Hotline Maintenance Engineer - Engineering Hotline Biomedical Engineer - Biomedical Hotline Floor Manager/Duty Manager/Medical Superintendent Information to be sent to Head - Operations /CNS/Head-Security In case of Major Fire - Information to be sent to V P Operations
Code Pink	Child Abduction	Security Supervisor - Security Hotline/Extn 1001/2222 SR-Pediatrics/ Floor Manager/Duty Manager/Head-Security Information to be sent to Head - Operations /CNS/ Medical Superintendent
Code Black	Bomb Threat	Head-Security Security Supervisor - Security Hotline/Extn 1001/2222 Maintenance Engineer - Engineering Hotline/Duty Manager Information to be sent to Head-Operations/Medical Superintendent /CNS/CFO VP Operations (in case of major threat)
Code Yellow	External Disaster	Head Operations Emergency Medical Officer Chief Nursing Superintendent Biomedical Engineer Security Supervisor - Security Hotline/Extn 1001/2222/ Duty Manager Medical Superintendent & Head-Security
Code Violet	Violent Patient/Attendant	Security Supervisor - Security Hotline/Extn 1001/2222 Floor Manager Duty Manager Head-Security Information to be sent to Medical Superintendent /CNS

FORM - I

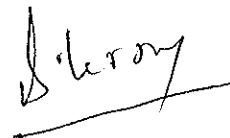
[See Rule 4 (O), 5(i) and 15 (2)]

ACCIDENT REPORTING

1. Date and Time of accident : Nil
2. Time of Accident : Ni
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : N.A.
5. The type of waste involved in accident : Nil
6. Assessment of the effect of the accident on human health and the environment : N.A.
7. Emergency measures taken : N.A.
8. Steps taken to alleviate the effect of accident : N.A.
9. Steps taken to prevent the recurrence of such an accident : N.A.
10. Does your facility has an emergency control policy ? if yes give details : YES
: Copy attached as Annexure - A

Date : 10.06.2020

Signature :



Place : New Delhi

Designation : Medical Superintendent

Dr. Sahar Qureshi
Medical Superintendent
Max Smart Sun
(A Unit of Gur
Research C
DNO R

ANNUAL REPORT 2019.

NAME:- Max Smart Super Speciality Hospital Saket (A Unit Of Gujramal Modi Hospital & Research Centre For Medical Sciences)

Address:- Press Enclave Road, Saket, New Delhi-110017

BIO MEDICAL WASTE DETAILS - JANUARY 2019 ONWARDS												
Month	Blue (Infectious)		Yellow		Red (Sharps)		White (Sharp)		Yellow (Cytotoxic)		Total No. Bags	Total Weight (In KG's)
	No. of Bags	Weight (in KG's)	No. of Bags	Weight (in KG's)	No. of Bags	Weight (in KG's)	No. of Bags	269.67	No. of Bags	Weight (in KG's)		
Jan-19	788	3909.80	571	2478.71	293	1152.65	311	269.67	7	6.35	1970	7817.18
Feb-19	674	3392.21	466	2044.35	289	1025.77	290	300.17	10	11.83	1729	6774.33
Mar-19	748	3487.56	539	2349.24	364	1134.6	314	185.48	8	6.73	1973	7163.61
Apr-19	723	3718.16	471	2142.78	282	945.03	308	214.17	11	13.62	1795	7033.76
May-19	772	3958.49	524	2385.73	293	1088.57	342	267.16	14	14.76	1945	7714.71
Jun-19	723	3603.78	541	2162.12	298	1031.58	355	228	13	12.38	1930	7037.86
Jul-19	712	3751.63	535	2394.98	273	1131.7	281	272.48	13	17.73	1814	7568.52
Aug. -19	689	3690.11	558	2312.94	272	1006.53	297	367.03	23	31.86	1839	7408.47
Sept. - 19	652	3179.91	576	2457.68	269	786.63	330	394.16	18	15.42	1845	6833.80
Oct. -19	704	3070.48	688	2910.72	228	749.02	290	349.58	25	30.14	1935	7109.94
Nov. - 19	672	3212.57	627	2793.51	241	764.77	358	295.23	34	47	1932	7113.08
Dec. - 19	710	3737.03	570	2628.27	289	1086.26	350	290.35	13	15.19	1932	7757.10

