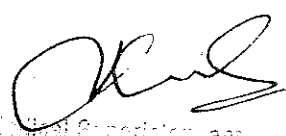


Form - IV
(See rule 13)
ANNUAL REPORT

[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 (CBMWTF)]

S No.	Particulars																																					
1.	Particulars of the Occupier																																					
	(i) Name of the authorised person (occupier or operator of facility)	Monawar Khurshid Medical Superintendent																																				
	(ii) Name of HCF or CBMWTF	Max Multi Speciality Hospital (A Unit of Four Seasons Foundation)																																				
	(iii) Address for Correspondence	Plot No-4A, Sector Institutional Green, Greater Noida																																				
	(iv) Address of Facility	Plot No-4A, Sector Institutional Green, Greater Noida																																				
	(v) Tel. No, Fax. No	0120-7161234																																				
	(vi) E-mail ID	Monawar.khurshid@maxhealthcare.com																																				
	(vii) URL of Website	www.maxhealthcare.in																																				
	(viii) GPS coordinates of HCF or CBMWTF																																					
	(ix) Ownership of HCF or CBMWTF	Private Hospital																																				
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No 1423/C/S-143/2015																																				
	(xi) Status of Consents under Water Act and Air Act	1. HO8220/C- 1/Consent(Air)Order/1026/2017 2. HO8220/C- 1/Consent(Water)Order/1102/2017																																				
2.	Type of Health Care Facility																																					
	(i) Bedded Hospital	No. of Beds : 114 Beds																																				
	(ii) Non-bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	N.A																																				
	(iii) License number and its date of expiry																																					
3.	Details of CBMWTF	N.A.																																				
	(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 : 128 Kg. Red Category : 102 Kg. White: 67 Kg. Blue Category : 48 Kg. General Solid waste: Nil																																				
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																					
	(i) Details of the on-site storage facility	Size : 300 square fit with AC Capacity : 2TR Provision of on-site storage : (cold storage or any other provision)																																				
	(ii) Details of the treatment or disposal facilities	<table border="1" style="width: 100%; border-collapse: collapse;"> <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>Autoclave</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</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				Autoclave				Shredder				Needle tip cutter or destroyer				Sharps encapsulation			
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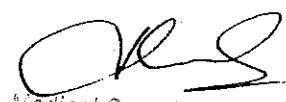

 Medical Superintendent
 Max Multi Speciality Hospital
 (A unit of Four Seasons Foundation)
 Plot No.: 4A, Sector Institutional Green,
 Greater Noida-201306 (UP)

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.)												
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	N.A.												
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table border="1"> <thead> <tr> <th></th><th>Quantity generated</th><th>Where disposed</th></tr> </thead> <tbody> <tr> <td>Incineration</td><td></td><td></td></tr> <tr> <td>Ash</td><td></td><td></td></tr> <tr> <td>ETP Sludge</td><td></td><td></td></tr> </tbody> </table>		Quantity generated	Where disposed	Incineration			Ash			ETP Sludge		
	Quantity generated	Where disposed													
Incineration															
Ash															
ETP Sludge															
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Synergy Waste Management (P) Ltd.												
	(vii) List of member HCF not handed over bio-medical waste	:	N.A.												
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	:	Yes Minutes of meeting copy attached												
	Details trainings conducted on BMW														
	(i) Number of trainings conducted on BMW Management.	:	50												
	(ii) Number of personnel trained	:	25												
	(iii) Number of personnel trained at the time of induction	:	4												
	(iv) Number of personnel not undergone any training so far	:	NIL												
	(v) Whether standard manual for training is available?	:	YES												
	(vi) Any other information	:	NIL												
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.	:													
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	YES												
10.	Details of Continuous online emission monitoring systems installed	:													
11.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	We have met the standard.												
12.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	We are the Complete log for standards for sterilization.												
13.	Any other relevant information.	:	(Air Pollution Control Devices attached with the Incinerator)												

Certified that the above report is for the period from 01.01.2017 to 31.12.2017.

Date:
Place :

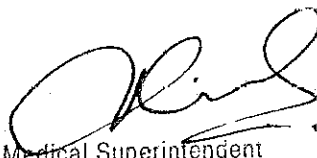

 Medical Superintendent
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YEARLY COLLECTION REPORT

BIO-MEDICAL WASTE COLLECTION REPORT FOR THE YEAR 2017

Month	Autoclave	Incinerable	Total
Jan'17	150	195	345
Feb'17	88	77	165
Mar'17	110	96	206
Apr'17	90	88	178
May'17	122	121	243
Jun'17	115	115	230
Jul'17	113	122	235
Aug'17	129	119	248
Sept'17	107	106	213
Oct'17	130	101	231
Nov'17	456	170	626
Dec'17	494	340	834
Total	2104	1650	3754

20/12/17
भोजपुर कोषालिया
उपरोक्त प्रमाणित
ग्रेटर नोएडा


Medical Superintendent
Max Multi Speciality Hospital
(A unit of Four Seasons Foundation)
Plot No.: 4A, Sector Institutional Green,
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Max Multi Speciality Hospital

(A Unit of Four Seasons Foundation)

Plot No. 4A, Sector Institutional Green, Near Crowne Plaza Hotel, Greater Noida - 201306 (U.P.), Ph. : +91 120 2352100, 2352199 www.maxhealthcare.in

CONDITIONS OF REPORTING:

1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient name or identified in the bill/test request form. 2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physician/laboratory. 3. The reported results are for the information and interpretation by the referring doctor only. 4. Some tests are referred to other laboratories to provide a wider test menu to the customer. 5. Max Healthcare shall in no event be liable for accidental damages loss, or destruction of specimen which is not attributable to any direct and mala fide act or omission of Max Healthcare or its employees. Liability of Max Healthcare for deficiency of services, or other errors and



Date: 26-12-2017

CIRCULAR

SUBJECT: BIOMEDICAL WASTE COMMITTEE MEMBER

A Subcommittee has been formed under HICC for reviewing and monitoring all activities related to bio medical waste management. This committee will meet once in six month and the minutes of the meeting to be shared with annual report on website as per the requirement of UPPCC.

Member of this Committee are:-

- Medical Superintendent.
- Nursing Supervisor.
- Infection Control Officer.
- Infection Control Nurse.
- Mr Arvind Verma Legal
- House Keeping Head.
- Engineering Head.
- Commercial Head.

Thank You



Dr Monawar Khurshid
Medical Superintendent

MSSH, Greater Noida



MOM OF INFECTION CONTROL COMMITTEE MEETING

Date:- 1/12/2017

Time:- 1:30pm to 3:00pm

Seminar Room, MMSH Greater

Venue:- Noida.

Present Chairperson:- Dr. Prashant Kumar
Member Sakia.

:- Dr. Sandeep Sahay, Dr. Suchitra, Dr. Navreet Sharda, Dr. M. Khurshid, Dr Pankaj Bansal, Dr. Sonali Gupta,

Dr. Suchitra, Mr. Brijesh(ICN), Mr. Abhilash(Nursing Supervisor), Ms. Shubha Rawat, Mr. Neeraj Kumar, Mr. Girish

The agenda points were then taken up:

S. No	Agenda	Action	Lead Person	Timeline	Status
1	Last meeting points were discussed and found closed				
2	Bio Medical Committee with legal adviser to be form.	Committee has been formed	Neeraj/ Brijesh	26/12/2017	Closed
3	Avilability of hub cutter in each department	Requirment given to supply chain	Ankit	Immediately	been given to Supply chain department.
4	Restricted antibiotic form is not filled before prescription	Strengthening and educating the nursing staff and TL's about restricted antibiotic and form to be field by doctor before administration.	Brijesh/ Abhilash/ Dr. Prashant	Immediately	Following the process/ Closed
5	Infection Control rounds to be taken on the monthly basis.	Infection control round will be taken with Departmental HOD with proper documentation in evry month.	Brijesh / Dr. Prashant	Following the process	Open
6	Avilability of special oral brushes and swabs for mouth cleaning for Neurosurgery and for patient on vantilator	Reinforce all staff to do bundle care and strengthening the basic nursing procedure and staff education with the available resources.	Brijesh		Closed
7	Antibody Titer to be done for all OT staff, Lab technician and	Staff list forwarded to HR	HR/Ms Shubha Rawat		Open

8	Procedure training and calendar to be formed on the basis of infection control for the nurses.	Calendar already prepared	Brijesh	Closed
9	Water tank culture to be send in every 15 days.	Water tank culture test is modified 30 days to 15 days.	Brijesh/ Girish	Closed