

To,

Dated - 26th June 2018

The Member Secretary
Uttarakhand Environment Protection and Pollution Control Board
Dehradun, Uttarakhand-248001

The Regional Officer
Uttarakhand Environment Protection and Pollution Control Board
Dehradun, Uttarakhand-248001

SUBJECT: SUBMISSION OF ANNUAL REPORT OF BIO - MEDICAL WASTE - BMW FOR THE YEAR- 2017

Dear Sir,

I here - by submit the Annual Report (Return) of Bio - Medical Waste - BMW for the year - 2017 for your kind information and needful considerations please.

You are therefore requested to acknowledge the same.

Report Attached – Form IV


Jagjeet Singh Namdhari

Sr Manager – Administration

Mobile No -09997799969/08650731730



Max Super Speciality Hospital, Dehradun

Near Indian Oil Petrol Pump, Malvi, Mussoorie Diversion Road, Dehradun - 248001, Phone: +91-135-6673 000

Max Healthcare Institute Limited

(CIN: U72200DL2001PLC111313)

Regd. Office: N - 110, Panchsheel Park, New Delhi-110 017

Phone: +91- 11-4609 7254, E-mail: secretarial@maxhealthcare.com

www.maxhealthcare.com



M-0839

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)]

Sr No:	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorized person :	Mr Jageet Singh Namdhari
	(ii) Name of HCF or CBWTF :	Max Health care Institute LTD
	(iii) Address for Correspondence :	Mossoorie Diverson Road, Malsi, Dehradun... Near Petrol Pump Dehradun, Dehradun-, Dist: Dehradun, Tal: Dehradun
	(iv) Address of Facility :	MEDICAL POLLUTION CONTROL COMMITTEE BHAGAWAN PUR,---, Dist: ROORKEE-2
	(v) Tel. No, Fax. No :	9997799969
	(vi) E-mail ID :	
	(vii) URL or Website :	
	(viii) GPS coordinates of HCF or CBWTF:	Leti: , Long:
	(ix) Ownership of HCF or CBWTF :	Private
	(x) Status of Authorization under BMW Rules:	Auth No: BMW-300272, Valid Upto: 4/5/2018
	(xi) Status of Consent under Water, Air Act :	Consent No: , Valid Upto:

Type of Health Care Facility

2	(i) Bedded Hospital	100
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	OTH-Other
2	(iii) License number and its date of expiry	DRA/CEA/PVT/29/OCT/2016 AND 06/10/2017

Quantity of waste generated or disposed in Kg per annum (on monthly average basis)

4	(i) Yellow Category	2026.00
4	(ii) Red Category	2396.00
4	(iii) White Category	215.00
4	(iv) Blue Category	294.00
4	(v) General Solid Waste	3050.00

Details of the Storage, treatment, transportation, processing and Disposal Facility

5	(i) Details of the on-site storage facility	BMW IS COLLECTED AT COMMON STORE AS PER COLOUR CODES AND TRANSPORTED BY MPCC FOR DISPOSAL
5	(ii) Treatment Facility	AUC-Autoclaving
5	(iii) Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum.	00
5	(iv) No. of vehicles used for collection and transportation of biomedical waste	1
5	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	00
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	MEDICAL POLLUTION CONTROL COMMITTEE

BMW management committee

6	Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period	Yes	ATTACHED DETAILS
---	--	-----	------------------

Printed On : 20/03/2018

1 - Through XGN

N I C



ANNUAL REPORT

Details trainings conducted on BMW

7	(i) Number of trainings conducted on BMW Management	180
7	(ii) Number of Personnel trained	850
7	(iii) Number of personnel trained at the time of induction	105
7	(iv) Number of personnel not undergone any training so far	0
7	(v) Whether standard manual for training is available	Yes
7	(vi) Any other information	NONE

Details of the accident occurred during the year

8	(i) Number of Accident occurred	0
8	(ii) Number of the persons affected	0
8	(iii) Remedial Action taken (Please attach details if any)	NO INCIDENTS
8	(iv) any Fatality Occurred, details	NA

9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standards?	Yes	ATTACHED DETAILS
9	Details of Continuous online emission monitoring systems installed	YES	
10	Liquid waste generated and treatment methods in place How many times you have not met the standards in a year	0	
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	ATTACHED DETAILS
12	Any other relevant information	NO INFORMATION	

Certified that the above report is for the period from

Date:

Name and Sign of The Head of HCF

Place:

