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The Regional Environmental Engineer,  
Punjab Pollution Control Board, Phase II,  
Mohali, Punjab  
June 25, 2020

Sub: Submission of Annual Report for Biomedical Waste Generated in Max Super Speciality Hospital, SAS Nagar, Mohali (January 2019 to December 2019)

Dear Sir,

As per the "Bio Medical Waste Management & Handling Rules" we are enclosing the Annual Report of the Bio Medical Waste generated at Max Super Speciality Hospital SAS Nagar, Mohali for the year 2019.

Yours Sincerely

  
Vivan Singh Gill

**Vice President**  
**Mohali & Bathinda**  
**Max Healthcare**  
(VP Operations)

Max Super Speciality Hospital,

A Unit of Hometrail Buildtech Pvt. Ltd.

SAS Nagar, Mohali

  
29/6/20

Max Super Speciality Hospital, Mohali - A unit of Hometrail Buildtech Pvt. Ltd.

Near Civil Hospital, Phase - 6, Mohali, Punjab - 160055,  
Phone: +91-172-5212 000

Hometrail Buildtech Private Limited

(CIN: U45400DL2008PTC176962)



**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 authorized person (occupier or : operator of facility)                   | : | Mr. Vivan Singh Gill                                                                                                                                                                                                       |
|         | (ii) Name of HCF or CBMWTF                                                               | : | Max Super Speciality Hospital, A Unit Of Hometrail Buildtech P. Ltd.                                                                                                                                                       |
|         | (iii) Address for Correspondence                                                         | : | Phase VI Near Civil Hospital, SAS Nagar, Mohali Punjab                                                                                                                                                                     |
|         | (iv) Address of Facility                                                                 | : | Phase VI Near Civil Hospital, SAS Nagar, Mohali Punjab                                                                                                                                                                     |
|         | (v) Tel. No, Fax. No                                                                     | : | 0172 5212000                                                                                                                                                                                                               |
|         | (vi) E-mail ID                                                                           | : | kirti.thakur@maxhealthcare.com / sumit.walia@maxhealthcare.com                                                                                                                                                             |
|         | (vii) URL of Website                                                                     | : | WWW.Maxhealthcare.com                                                                                                                                                                                                      |
|         | (viii) GPS coordinates of HCF or CBMWTF                                                  | : |                                                                                                                                                                                                                            |
|         | (ix) Ownership of HCF or CBMWTF                                                          | : | (State Government or Private or Semi Govt. or any other) Private Hospital (under PPP Mode)                                                                                                                                 |
|         | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No.: BMW/Renewal/SAS/2018/7347070<br>Valid upto: 31/032023                                                                                                                                                   |
|         | (xi). Status of Consents under Water Act and Air Act                                     | : | Valid upto:<br>CTO AIR 31/03/2022<br>CTO WATER A/F                                                                                                                                                                         |
| 2       | Type of Health Care Facility                                                             | : | Private Hospital (Under PPP Mode)                                                                                                                                                                                          |
|         | (i) Bedded Hospital                                                                      | : | No. of Beds: 200 (2 Dental Chair and 5 OT)                                                                                                                                                                                 |
|         | (ii) Non-bedded hospital                                                                 | : | NA                                                                                                                                                                                                                         |
|         | Clinical Laboratory or Research Institute or Veterinary Hospital or any other)           | : |                                                                                                                                                                                                                            |
|         | (iii) License number and its date of expiry                                              | : |                                                                                                                                                                                                                            |
| 3       | Details of CBMWTF                                                                        | : | Rainbow Environments Pvt. Ltd.                                                                                                                                                                                             |
|         | (i) Number of health care facilities covered by CBMWTF                                   | : | NA                                                                                                                                                                                                                         |
|         | (ii) No. of Beds covered by CBMWTF                                                       | : | NA                                                                                                                                                                                                                         |
|         | (iii) Installed treatment and disposal capacity of CBMWTF;                               | : | NA Kg / day                                                                                                                                                                                                                |
|         | (iv) Quantity of bio medical waste treated or disposed by CBMWTF                         | : | NA Kg / day                                                                                                                                                                                                                |
| 4       | Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)       | : | <i>Yellow Category:</i> Details Attached<br><i>Red Category:</i> Details Attached<br><i>White:</i> Details Attached<br><i>Blue Category:</i> Details Attached<br><i>General Solid Waste:</i> 122120 Kg pa Details Attached |
| 5       | Details of the Storage, Treatment, Transportation, Processing and Disposal Facility      |   |                                                                                                                                                                                                                            |
|         | (i) Details of the on-site storage                                                       | : | Size: NA                                                                                                                                                                                                                   |

|   |                                                                                                                             |   |                                                                      |                    |                 |                                              |
|---|-----------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------------------|--------------------|-----------------|----------------------------------------------|
|   | facility                                                                                                                    |   | Capacity: NA                                                         |                    |                 |                                              |
|   |                                                                                                                             |   | Provision of on-site storage : (Cold storage or any other provision) |                    |                 |                                              |
|   | (ii) Disposal facilities                                                                                                    |   | Type of treatment equipment                                          | No of Units        | Capacity Kg/day | Quantity Treated or disposed in kg per annum |
|   |                                                                                                                             |   | Incinerators                                                         |                    | NA              |                                              |
|   |                                                                                                                             |   | Plasma Pyrolysis                                                     |                    | NA              |                                              |
|   |                                                                                                                             |   | Autoclaves                                                           |                    | NA              |                                              |
|   |                                                                                                                             |   | Microwave                                                            |                    | NA              |                                              |
|   |                                                                                                                             |   | Hydroclave                                                           |                    | NA              |                                              |
|   |                                                                                                                             |   | Shredder                                                             |                    | NA              |                                              |
|   |                                                                                                                             |   | Needle tip cutter or destroyer                                       |                    | NA              |                                              |
|   |                                                                                                                             |   | Sharps                                                               |                    | NA              |                                              |
|   |                                                                                                                             |   | Encapsulation or concrete pit                                        |                    | NA              |                                              |
|   |                                                                                                                             |   | Deep burial pits                                                     |                    | NA              |                                              |
|   |                                                                                                                             |   | Chemical disinfection:                                               |                    | NA              |                                              |
|   |                                                                                                                             |   | Any other treatment equipment:                                       |                    | NA              |                                              |
|   | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum                            | : | Red Category (like plastic, glass, etc.)<br>NA                       |                    |                 |                                              |
|   | (iv) No. of Vehicles used for collection and transportation of biomedical waste                                             | : | NA                                                                   |                    |                 |                                              |
|   | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum        |   |                                                                      | Quantity Generated | Where disposed  |                                              |
|   |                                                                                                                             |   | Incineration                                                         | NA                 |                 |                                              |
|   |                                                                                                                             |   | Ash                                                                  | NA                 |                 |                                              |
|   |                                                                                                                             |   | ETP Sludge                                                           | NA                 |                 |                                              |
|   | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                  |   | Rainbow Environments Pvt. Ltd.                                       |                    |                 |                                              |
|   | (vii) List of member HCF not handed over bio-medical waste.                                                                 |   | Kirti Thakur / Sumit Walia                                           |                    |                 |                                              |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period |   | Yes, Attached                                                        |                    |                 |                                              |

|    |                                                                                                                                   |  |                                                                       |
|----|-----------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|
| 7  | Details trainings conducted on BMW                                                                                                |  |                                                                       |
|    | (i) Number of trainings conducted on BMW Management                                                                               |  | 198                                                                   |
|    | (ii) Number of personnel trained                                                                                                  |  | 2809                                                                  |
|    | (iii) Number of personnel trained at the time of induction                                                                        |  | 270                                                                   |
|    | (iv) Number of personnel not undergone any training so far                                                                        |  | NIL                                                                   |
|    | (v) Whether standard manual for training is available?                                                                            |  | Yes                                                                   |
| 8  | Details of the accident occurred during the year                                                                                  |  | NIL                                                                   |
|    | (i) Number of Accidents occurred                                                                                                  |  | NIL                                                                   |
|    | (ii) Number of persons affected                                                                                                   |  | NIL                                                                   |
|    | (iii) Remedial Action taken (Please attach details if any)                                                                        |  | NA                                                                    |
|    | (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 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?                   |  | Yes, Liquid waste generated is being treated through STP and ETP. NIL |
| 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, NIL                                                              |
| 12 | Any other relevant information                                                                                                    |  | (Air Pollution Control Devices attached with the Incinerator) NA      |

Certified that the above report is for the period from January 2019 to December 2019

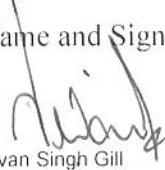
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Name and Signature of the Head of the Institution

  
Vivan Singh Gill

( V P Operations )

Date:

Place:

**Vice President**  
**Mohali & Bathinda**  
**Max Healthcare**

FORM - 1  
[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 of been informed immediately: NA
5. The type of waste involved in accident : NA
6. Assessment of the effects of the accidents on human health and the environment : NA
7. Emergency measures taken : NA
8. Steps taken to alleviate the effects of accidents : NA
9. Steps taken to prevent the recurrence of such an accident : NA
10. Does your facility have Emergency Control policy?  
If yes, give details : NA

Date : 29/6/2020

Place : Mohali

Signature : 

Designation : Vice President  
Mohali & Bathinda  
Max Healthcare