

MSSH/PPA/909

April 06, 2019

Delhi Pollution Control Committee
4th Floor, ISBT Main Building
Kashmere Gate
Delhi - 110006.

AS
09/4/19
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE DELHI-110006

Subject : Annual Report

Dear Sirs,

We are enclosing herewith Annual Report in Form-II pertaining to generation and disposal of bio-medical waste at our hospital, Max Multi Speciality Centre (a unit of Max Healthcare Institute Ltd.), A-2, 3, & 4, Netaji Subash Place, Wazirpur District Centre, New Delhi-110034 for the period from 01.01.2018 to 31.12.2018.

We are also enclosing herewith original Yearly Collection Report for the year 2018 issued by Biotic Waste solution pvt ltd.

Thanking you

Yours faithfully
For Max Multi Speciality Centre



(A unit of Max Healthcare Institute Limited)

Encl. : as above

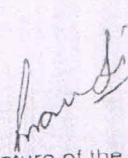
Form - IV
(See rule 13)
ANNUAL REPORT

[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)]

S No.	Particulars																																																	
1.	Particulars of the Occupier	MAX HEALTHCARE INSTITUTE LIMITED																																																
(i)	Name of the authorised person (occupier or operator of facility)	Max Multi Specialty centre																																																
(ii)	Name of HCF or CBMWTF	HB Twin Tower , A2 3 and 4 netaji subash place, Dist centre, Pitampura-110034																																																
(iii)	Address for Correspondence	HB Twin Tower , A2 3 and 4 netaji subash place, Dist centre, Pitampura-110034																																																
(iv)	Address of Facility	2715884																																																
(v)	Tel. No. Fax. No	ramachandran@maxhealthcare.com																																																
(vi)	E-mail ID	https://www.maxhealthcare.in/																																																
(vii)	URL of Website																																																	
(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	Authorised - Authorisation No. Valid up to -DPCC/BMW/AUTH/NEW NO/DRAFT/2018/391																																																
(xi)	Status of Consents under Water Act and Air Act	Valid up to- 26-12-2023																																																
2.	Type of Health Care Facility	No. of Beds : 2																																																
(i)	Bedded Hospital																																																	
(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																																																	
3.	Details of CBMWTF																																																	
(i)	Number healthcare facilities covered by CBMWTF																																																	
(ii)	No of beds covered by CBMWTF	_____ Kg per day																																																
(iii)	Installed treatment and disposal capacity of CBMWTF	_____ Kg/day																																																
(iv)	Quantity of biomedical waste treated or disposed by CBMWTF																																																	
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 250 kg Red Category : 370 kg White: 84 kg Blue Category : 131 General Solid waste: 7000 kg																																																
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
(i)	Details of the on-site storage facility	Size : 87 sqft Capacity : 1012 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>1</td> <td>2.2</td> <td>370 kg</td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</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 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 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	1	2.2	370 kg	Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				Chemical 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.)												
	(iv) No of vehicles used for collection and transportation of biomedical waste	:													
	(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		
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Incineration															
Ash															
ETP Sludge															
	(vi) Name of the Common BioMedical Waste Treatment Facility Operator through which wastes are disposed of	:	Biotic Waste Solutions pvt Ltd.												
	(vii) List of member HCF not handed over bio-medical waste	:													
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.	:	15												
	(ii) Number of personnel trained	:	15												
	(iii) Number of personnel trained at the time of induction	:	15												
	(iv) Number of personnel not undergone any training so far	:	0												
	(v) Whether standard manual for training is available?	:	yes												
	(vi) Any other information	:													
8.	Details of the accident occurred during the year	:													
	(i) Number of Accidents occurred	:	0												
	(ii) Number of the persons affected	:	0												
	(iii) Remedial Action taken (Please attach details if any)	:	na												
	(iv) Any Fatality occurred, details.	:	no												
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?	:	na												
12.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	yes												
13.	Any other relevant information.	:													

Certified that the above report is for the period from 01.01.2018 to 31.12.2018.


 Name and Signature of the Head of the Institution



Date:
 Place:

FORM -I
(See rule 4 (O), 5 5(I) and 15 (2))
Accident reporting

1. Date and time 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 effect of accident in human health and the environment : Nil
7. Emergency Measure taken: Nil
8. Steps taken to alleviate the effect of accident: Nil
9. Steps taken to prevent the recurrent of such an accident: Nil
10. Does you facility has an emergency control policy? If yes give details: Yes

Date: Pitampura 9/4/19

Place: Max. Mult specialty centre
Pitampura.

Signature: _____

Designation: _____



ANNUAL REPORT 2018.

NAME:-Max Hospital (A Unit Of Max Healthcare Institute Limited)

Address:-HBT - TWIN TOWER ,NEAR TV TOWER, PITAMPURA WAZIRPUR DISTT.
CENTRE, NEW DELHI-110034

REGN No:-1205

Months	Incinerable (Kgs)	Autoclavable (Kgs)	White Sharp(Kgs)	Blue (Kgs)
Jan-18	9.19	8.69	10.04	8.629
Feb-18	10.21	8.424	9.286	8.139
March-18	11.61	7.867	9.67	6.486
April-18	14.87	8.549	5.957	5.029
May-18	20.89	16.21	8.39	14.38
June-18	23.72	19.54	6.33	6.06
July-18	23.967	25.35	8.48	13.05
Aug-18	23.49	22.51	7.55	12.76
Sep-18	23.93	21.9	10.11	16.46
OCT-18	24.5	22.08	10.08	10.55
NOV-18	23.97	21.23	7.43	12.04
DEC-18	44.4	26.08	6.39	13.26

