

Dated 08th May 2023

The Environmental Engineer (B.M.W cell)
Delhi Pollution Control Committee
Department of Environment (Govt. of NCR Delhi)
4th Floor ISBT Building Kashmiri Gate, Delhi-110006

08/05/2023
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Subject- Submission of Forum IV (Annual return for the year of 2022)

Dear Sir,

This is in reference to the above mentioned subject, we wish to bring to your kind notice
About the Bio-Medical Waste during procedures handling and transportation.

Please find the enclosed **FORM IV**.

This is for your information and records.

Thanks & Regards

Garima Prasad
(Ms. Garima Prasad)

Director- Fortis La Femme

Gopal Thapa
(Mr. Gopal Thapa)

Admin Head



Month	Yellow Waste		Red Waste		White Waste		Blue Waste		Cytotoxic Waste		Total	
	Nos	Kg	Nos	Kg	Nos	Kg	Nos	Kg	Nos	Kg	Total Nos	Total Kg
JAN	102	797.820	82	461.584	39	046.210	36	103.870	0	000.000	259	1409.404
FEB	107	917.875	83	530.430	35	037.380	24	060.980	0	000.000	249	1546.665
MAR	113	1023.810	75	571.370	34	037.960	16	055.090	0	000.000	238	1638.230
APR	98	898.580	71	563.950	32	040.560	14	058.690	0	000.000	215	1562.780
MAY	107	923.020	72	534.840	37	034.980	12	050.750	0	000.000	228	1543.590
JUN	107	883.928	86	438.633	38	047.190	20	083.110	0	000.000	231	1450.861
JUL	110	980.905	81	457.600	40	047.660	24	111.920	0	000.000	255	1598.285
AUG	105	961.690	58	373.345	35	034.560	27	126.505	0	000.000	225	1496.100
SEP	111	1105.860	84	603.880	34	026.190	31	166.140	0	000.000	280	1902.070
OCT	117	1104.430	89	611.930	35	040.160	20	094.450	0	000.000	261	1850.970
NOV	120	1018.890	90	575.160	34	031.170	12	059.790	0	000.000	256	1685.010
DEC	128	1023.280	90	588.670	34	030.710	15	066.030	0	000.000	267	1706.690
TOTAL	1325	11640.088	941	6257.512	427	454.730	251	1038.325	0	000.000	2944	19390.655

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)	:	Fortis Hospital Limited Ms. Garima Prasad
	(ii) Name of HCF or CBMWTF	:	Fortis La Femme
	(iii) Address for Correspondence	:	S-549, Greater Kailash -2, New Delhi-110048
	(iv) Address of Facility	:	S-549, Greater Kailash -2, New Delhi-110048
	(v) Tel. No, Fax. No	:	Tel- 01140579400, Fax- 011-41436103
	(vi) E-mail ID	:	Contactus.flf@fortislafemme.in
	(vii) URL of Website	:	http://www.fortislafemme.in/delhi/
	(viii) GPS coordinates of HCF or CBMWTF	:	28.529-018,77.243843
	(ix) Ownership of HCF or CBMWTF	:	Private Limited
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: DPCC/(11)(5)(01)/2023/BMW/NST/37705778H valid up to 04/09/2027
(xi). Status of Consents under Water Act and Air Act	:	Valid up to: NA	
2.	Type of Health Care Facility	:	Single Specialty
	(i) Bedded Hospital	:	No. of Beds: 41
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
(iii) License number and its date of expiry	:	DHS/NH/710, Expiry-31/03/2023(Applied)	
3.	Details of CBMWTF	:	Biotic Waste Solutions Pvt. Ltd.
	(i) Number healthcare facilities covered by CBMWTF	:	To be submitted directly by waste management company
	(ii) No of beds covered by CBMWTF	:	To be submitted directly by waste management company
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	To be submitted directly by waste management company
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	To be submitted directly by waste management company
4.	Quantity of waste generated or disposed in Kg per	:	Yellow Category: 970.kg monthly basis 11640 kg annual collection

annum (on monthly average basis)

Red Category: 521 kg monthly basis 6258 kg annual collection
White: 37 kg monthly basis 455 kg annual collection
Blue Category : 86 kg monthly basis 1038 kg annual collection
General Solid waste: 1118kg monthly basis from the annual collection of 13426kg

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

(i) Details of the on-site storage facility

Size : To be submitted directly by waste management company

Capacity : To be submitted directly by waste management company

Provision of on-site storage : To be submitted directly by waste management company

disposal facilities

Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
Incinerators			
Plasma Pyrolysis			
Autoclaves			
Microwave			
Hydroclave			
Shredder			
Needle tip cutter or destroyer			To be submitted directly by waste management company
Sharps encapsulation or			To be submitted directly by waste management company
concrete pit			
Deep burial pits:			
Chemical disinfection:			To be submitted directly by waste management company
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.) - 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

Quantity Where generated disposed Incineration Ash ETP Sludge - NA

	per annum	
	(vi) Name of the Common Bio- : Medical 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.	NA
6	Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period.	We have clubbed our Biomedical waste management committee with Infection Control Committee. The minutes have been attached for reference.
7	Details trainings conducted on BMW	No of Trainings – 25 Number of personnel trained - 3
	(i) Number of trainings conducted on BMW Management	
	(ii) number of personnel trained	
	(iii) number of personnel trained at the time of induction	3
	(iv) number of personnel not undergone any training so far	Nil
	(v) whether standard manual for training is available?	Yes, BMW SOP is being followed
	(vi) any other information)	NA
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	03
	(ii) Number of the persons affected	NA
	(iii) Remedial Action taken (Please attach details if any)	Incident reports attached along
	(iv) Any Fatality occurred, details.	Nil
9.	Are you meeting the standards of air Pollution from the incinerator? How Many times in last year could not met the standards?	NA, We do not have incinerators
	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?	Since being under 50 bed ETP is not required as is not a mandate however we have a STP plant in place.
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 1st January 2022 till 31st December 2022.

Garima Prasad

**Name and Signature of the Head of the
Institution**

**Date:
Place:**

FORM I
ACCIDENT REPORTING

1. Date and time of accident : *December - 2022*
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 effects of the accidents on human health and the environment : *nil*
7. Emergency measures taken : *nil*
8. Steps taken to alleviate the effects of accidents : *nil*
9. Steps taken to prevent the recurrence of such an accident : *nil*
10. Does you facility has an Emergency Control policy?
If yes give details : *nil*

Date *December*

Place *New Delhi*


Signature *V. S.*

Designation *ICN*

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 01/11/2022 at 8:30pm
2. Type of Accident : Needle stick injury
(Lignae Resistor)
3. Sequence of events leading to accident : ~~father~~ During the operative procedure (LSCS) suturing needle accidentally poked in tip of the right hand index finger
4. Has the Authority been informed immediately : Yes (u)
5. The type of waste involved in accident : Yes (used needle)
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (needle stick injury policy)
9. Steps taken to prevent the recurrence of such an accident : Yes (counseling and Retraining)
10. Does your facility have an Emergency Control policy? If yes give details : Yes, NSI policy (Do not squeeze or suck in injury site, Wash liberally with Soap and water, Report and give the details of injury to infection control staff or designated Person in charge or in service given to HCU

Date: 02/11/22
Place: New Delhi

Signature: 
Designation: LLN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : *October - 2022*
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 effects of the accidents on human health and the environment : *Nil*
7. Emergency measures taken : *Nil*
8. Steps taken to alleviate the effects of accidents : *Nil*
9. Steps taken to prevent the recurrence of such an accident : *Nil*
10. Does your facility have an Emergency Control policy?
If yes give details : *Nil*

Date.....*October*.....
Place.....*New Delhi*.....

Signature.....*Vaib*.....
Designation.....*ICM*.....

FORM I

ACCIDENT REPORTING

1. Date and time of accident : 23/09/2022, at 8 am
2. Type of Accident : Needle stick injury
(Neonatal Resuscitator)
3. Sequence of events leading to accident : While he putting the cannula in baby that time accidentally needle prick happened in Right hand
4. Has the Authority been informed immediately : Yes
5. The type of waste involved in accident : Yes (used needle)
6. Assessment of the effects of the accidents on human health and the environment : Yes
7. Emergency measures taken : Yes
8. Steps taken to alleviate the effects of accidents : Yes (needle stick injury policy)
9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Retraining)
10. Does your facility have an Emergency Control policy? If yes give details : Yes, NIS1 policy (Do not Squeeze or suck in injury site, Wash liberally with soap and water, Report and give the details of injury to infection control staff or designated persons including or in service given to HCU)

Date.. 28/06/22

Place.. New Delhi

Signature..... UncefDesignation..... ICU

FORM I
ACCIDENT REPORTING

1. Date and time of accident : August - 2022
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 effects of the accidents on human health and the environment : Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does your facility have an Emergency Control policy?
If yes give details : Nil

Date..... August
Place..... New Delhi

Signature..... *V. V. V.*
Designation..... ICAI

FORM I
ACCIDENT REPORTING

1. Date and time of accident : July
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 effects of the accidents on human health and the environment : nil
7. Emergency measures taken : nil
8. Steps taken to alleviate the effects of accidents : nil
9. Steps taken to prevent the recurrence of such an accident : nil
10. Does your facility have an Emergency Control policy?
If yes give details : nil

Date..... July
Place..... New Delhi

Signature.....
Designation..... I.C.A.

FORM I
ACCIDENT REPORTING

1. Date and time of accident : 24/06/22, 5:25 pm
 2. Type of Accident : Needle stick injury
(House keeping)
 3. Sequence of events leading to accident : While she putting ~~her~~ needle in to disposal container that time accidentally needle prick happened in Right thumb.
 4. Has the Authority been informed immediately : Yes
 5. The type of waste involved in accident : Yes, unknown
 6. Assessment of the effects of the accidents on human health and the environment : Yes
 7. Emergency measures taken : Yes
 8. Steps taken to alleviate the effects of accidents : Yes (Needle stick injury policy)
 9. Steps taken to prevent the recurrence of such an accident : Yes (Counseling and Retraining)
 10. Does your facility has an Emergency Control policy? If yes give details : Yes NISI policy (Do not squeeze or suck in injury site, lather liberally with soap and water, Report and give the details of injury to infection control staff or designated person induction or in service given to HCU
Signature.....*[Signature]*
Designation.....*L.Cat*
- Date: 25/06/22
Place: New Delhi

FORM I
ACCIDENT REPORTING

1. Date and time of accident : May - 2022
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 effects of the accidents on human health and the environment : Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does your facility have an Emergency Control policy?
If yes give details : Nil

Date... May 2022
Place... May Delhi

Signature.....
Designation.....

FORM I
ACCIDENT REPORTING

1. Date and time of accident : April 2022
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 effects of the accidents on human health and the environment : Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does your facility have an Emergency Control policy?
If yes give details : Nil

Date... April 2022

Place... New Delhi

Signature..... 

Designation..... ICR

FORM I
ACCIDENT REPORTING

1. Date and time of accident : March 2022
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 effects of the accidents on human health and the environment : Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does you facility has an Emergency Control policy?
If yes give details : Nil

Date March 2022

Place New Delhi

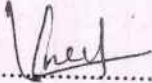
Signature [Signature]

Designation [Signature]

FORM I
ACCIDENT REPORTING

1. Date and time of accident : Feb 2022
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 effects of the accidents on human health and the environment : Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does you facility has an Emergency Control policy?
If yes give details : Nil

Date... Feb 2022
Place... New Delhi

Signature... 
Designation... ICN

FORM I
ACCIDENT REPORTING

1. Date and time of accident : Jan 2022
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 effects of the accidents on human health and the environment : Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does your facility have an Emergency Control policy?
If yes give details : Nil

Date..... Jan 2022

Place..... New Delhi

Signature..... 

Designation..... ICN