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)]

S1.	Particulars		
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	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	MR. SRIKANT SUBUDHI. K
	(ii) Name of HCF or CBMWTF	1	FORTIS LAFEMNE HOSPITAL
	(iii) Address for Correspondence	1	TORTIS RISFEIMNE CIUSPITAL
	(iv) Address of Facility		#62, RICHMOND ROAD, BEHIND SACRED HEART (HUKCH
	(v)Tel. No, Fax. No	:	080-45623939
	(vi) E-mail ID	1	contactus. Leb Ofostislaf emme.in
	(vii) URL of Website		www. fortislagemme in
	(viii) GPS coordinates of HCF or CBMWTF		Am Autoclave
	(ix) Ownership of HCF or CBMWTF	7	(State Government or Private or
			Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Authorisation No.: KSPCB/RSEO/BNG-CITY/BMW/Reg. No 131109
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30 9 2020
2.	Type of Health Care Facility		To
	(i) Bedded Hospital	-	TERTIARY
	(ii) Non-bedded hospital		No. of Beds: 85
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		NA
	(iii) License number and its date of expiry		BLU00077 AAHP Valid Hill 6/6/2
3.	Details of CBMWTF		0-00001/1/1111 Valid till 6/6/2
	(i) Number healthcare facilities covered by CBMWTF		To be submitted by waste
	(ii) No of beds covered by CBMWTF		managment Company
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Managment Company To be submitted by waste managener To be submitted by waste managener Kg per day Submitted key Ann Anto clane
			Submitted by AnnAutoclaus

(i	 v) Quantity of biomedical waste treated or d y CBMWTF 	isposed	:	Enlan	Kg/day	bu t	In Auto	clave?
		V = ===		Vallow	Category		325	
1	Quantity of waste generated or disposed in	Kg per	1	Red Ca	A STATE OF THE PARTY OF THE PAR		356	
1 "	annum (on monthly average basis)			White:	tegory .	-	16	,
1								1 1 1 1 1 1
				The state of the s	ategory:		67	
-		BAR VAL		1	I Solid w			
	Details of the Storage, treatment, transportation	on, proce	ssing a	and Dispo	osal Facil	ity	1 \A.	1
	(i) Details of the on-site storage :	Size	ा	be:	Submi	Hed	by Hav	Autocla un Autocl
	facility	Capac	ity: Ti	be	Lubn	itte	A by A	ou Autod
		Provis	ion of	on-site	storage	: (col	d storage or	
				vision)				
	(ii) Details of the treatment or :	_		eatment	No	Cap	Quantity	
	disposal facilities	25.5	ipment		*of	acit	treatedo	
					unit	у	r	
					8	Kg/	disposed	
						day	in kg	
							per	
							annum	
		-	inerato					
				yrolysis				
			toclave					
		2000	drocla					
1		*	redder	ve				
				n cutter or				
			stroyer					
		Sh	arps					
		en	capsula	ation or				
		co	ncrete	pit				
			The second second	ral pits:				Caven.
			iemica					
		7.00	sinfecti	ion: er treatme				
			uipme		"			
	(iii) Quantity of recyclable wastes :		ed Category (like pl		plastic plass etc.)			
	sold to authorized recyclers after treatment in kg per annum.				, 5			
	(iv) No of vehicles used for collection :							
	and transportation of biomedical waste							
	(v) Details of incineration ash and			O	antity	11/1	nere	
	ETP sludge generated and disposed				nerated		posed	

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	ANU AUTOCLAUE
	(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	468
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	21 .
	(ii) number of personnel trained	136
	(iii) number of personnel trained at the time of induction	20
	(iv) number of personnel not undergone any training so far	0
	(v) whether standard manual for training is available?	294
	(vi) any other information)	
8	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred	NIL
	(ii) Number of the persons affected	NIC
	(iii) Remedial Action taken (Please attach details if any)	NA
	(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
	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
11	Is the disinfection method or sterilization meeting the log 4	

	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certifi	ed that the above report is for the period from	
	ed that the above report is for the period from 1st Jan 2018 to	31st Dec 2018
		Jishum
		Name and Signature of the Head of the Institution
Date:		MR. SRIKANT SUBUDHI
Place		