BMW Annual Report (2025-2026)													
		Red Bags		Yellow Bags		Blue		Whites		Cytotoxic Bags		Total	
Sl No.	Month	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight
1	Apr-25	299	2161.58	302	1957.1	70	471.36	77	48.4	18	80.29	766	4718.73
2	May-25	320	2343.55	309	2105.18	79	569.3	79	106.59	16	40.7	803	5165.32
3	Jun-25	297	2167.77	303	1982.07	84	485.47	69	51.38	20	53.7	773	4740.39
4	Jul-25	317	2365	308	2181.1	82	594.6	91	50.1	23	47	821	5237.8
5	Aug-25	322	2480.5	309	2156.1	88	637.6	84	78.6	22	53.7	825	5406.8
6	Sep-25	340	2536.79	309	2277.49	87	627.8	92	63.8	49	72.6	877	5578.48
7	Oct-25	320	2332	300	2105	77	580	89	84.8	31	33	817	5135
8	Nov-25	308	2295.1	285	1936.61	89	663.4	91	55.11	29	62	802	5035.2
9	Dec-25	316	2427.31	315	2142.81	80	662.4	89	48.1	28	64.2	828	5344.82
10	Jan-26	302	2412.8	250	2103.7	83	647.3	91	47.6	27	76.4	753	5287.8
11	Feb-26	816	2065.5	773	1859.7	155	576.3	93	46.8	33	72.6	1870	4620.9
12	Mar-26	876	1871	913	2072.03	178	588.1	100	52.1	27	62.5	2094	4645.73
13	Apr-26	837	1942.41	800	1933.2	161	530.5	92	45.3	34	83.5	1924	4534.91
14	May-26	937	2029.5	917	2028	186	604	103	49.2	44	78.2	2187	4788.9

For Appointments : +91 95910 35258
E-mail : ccarenbv.opd@fortishealthcare.com
www.fortishealthcare.com

22/05/2026

TO,

The Environmental Officer

Rajarajieshwari Nagar

KSPC Board, Nisarga Bhavan,

Basaveshwaranagar, Bangalore-560010

Dear Sir,

Subject: Regarding Submission of Annual Returns for BIOMEDICAL WASTE-2025

We are enclosing herewith BIO-Medical Waste handling Annual reports FORM-IV for the year 2025 (jan-2025 to dec-2025) along with monthly acknowledgement monthly BMW waste copy, bmw mou, bmw disposal audits, cfo-air, staff training copies with minutes of meeting copies for the hospitals.

For M/s, Fortis Health Management limited, NO 23,80 Feet Road, Nagarabhavi site, bangalore-560072

Request you to kindly go through & acknowledge the same.

Hope You will do the needful,

27/05/2026

Thanks

Fortis Health Management limited

(Authorized Signatory)

FORTIS HEALTH MANAGEMENT LIMITED
#23, 80 Feet Road, Gurukrupa Layout
2nd Stage, Nagarabhavi, BANGALORE-560 072.
Tel: 91 - 80 - 2301 4100

For Appointments : +91 95910 35258
E-mail : ccarenbv.opd@fortishealthcare.com
www.fortishealthcare.com

Date- 18/5/2026

TO,

The environmental officer,

Karnataka state Pollution control board

Regional office-Rajarajeshwari Nagar

Nisarga Bhavan,2nd floor Bangalore-560010

SUB: Regarding Submission of jan-2025 to dec-2025 statement for BMW

We would like to confirm that there are NO incidents to BMW waste Generated at our hospital.

for M/s. Fortis Health Management limited, NO;23,80 feet road, Nagarabhavi site Bangalore-560072.

We Kindly request you to consider this document & issue us the acknowledgement.

Hope you will do the needful.

Thank you

Yours faithfully

For M/S, Fortis Health Management Ltd

(Authorized Signatory)

FORTIS HEALTH MANAGEMENT LIMITED
#23, 80 Feet Road, Gurukrupa Layout
2nd Stage, Nagarabhavi, BANGALORE-560 072.
Tel: 91 - 80 - 2301 4100

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 authorised person (occupier or operator of facility)	:	Mr. Ratheef K.M
	(ii) Name of HCF or CBMWTF	:	Medicare Managing Body
	(iii) Address for Correspondence	:	No:25-2nd cross. Hennur
	(iv) Address of Facility		M/S. Fortis Health Management Ltd.
	(v)Tel. No, Fax. No	:	080-23014100, 4190
	(vi) E-mail ID	:	ratheef.mk@fortishealthcare.com
	(vii) URL of Website		www.fortishealthcare.com
	(viii) GPS coordinates of HCF or CBMWTF		private
	(ix) Ownership of HCF or CBMWTF	:	(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.: AW-343108, 14014 29/2/24
	(xi). Status of Consents under Water Act and Air Act	.	29/2/24 .....valid up to 30/9/2030 Valid up to: 30/9/2030
2.	Type of Health Care Facility	:	Fortis Hospital
	(i) Bedded Hospital	:	No. of Beds:..... 102
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) Licease number and its date of expiry		-
3	Details of CBMWTF	.	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 2018 + 53.58 = 2071.58 Red Category : 2251.4 White: : 59.33 Blue Category : 557 General Solid waste: 2200 kg
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : 5 Feet, & 4 Feets = 24-4 Nos Capacity : 650kg to 750kg Provision of on-site storage : (cold storage or any other provision) NA
	(ii) Details of the treatment or disposal facilities	:	Type of treatment equipment / No of units / Capacity Kg/day / Quantity treatedor disposed in kg per annum Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer - NA Sharps encapsulation or concrete pit - NA Deep burial pits: Chemical disinfection: - NA 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	:	01 to 04 List Attached
	(v) Details of incineration ash and ETP sludge generated and disposed		Quantity generated / Where disposed

	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	:	Medicare
	(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		Yes. Attached Copy
7	Details trainings conducted on BMW		Detail Copy attached
	(i) Number of trainings conducted on BMW Management.		Attached
	(ii) number of personnel trained		Attached
	(iii) number of personnel trained at the time of induction		Attached
	(iv) number of personnel not undergone any training so far		Nil
	(v) whether standard manual for training is available?		Yes
	(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		NIL
	(iii) Remedial Action taken (Please attach details if any)		NIL
	(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?		STP & ETP plant we have
11	Is the disinfection method or sterilization meeting the log 4		Yes

	standards? How many times you have not met the standards in a year?		— NO —
12.	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from Jan-2025 to Dec-2025

Name and Signature of the Head of the Institution

Date: 22/6/26
Place B'lore

Nagarbhavi Bk
22/6/26

FORTIS HEALTH MANAGEMENT LIMITED
23, 80 Feet Road, Gurukrupa Layout
2nd Stage, Nagarabhavi, BANGALORE-560 072.
Tel: 91 - 80 - 2301 4100

M/s. FORTIS HEALTH MANAGEMENT LIMITED

Period: 01-2025 : 12-2025 Mobile- +918884172211

Sl No.	Month	Yellow Bags		Red Bags		Blue Mark Box		Whites		Cytotoxic Bags		Total	
		Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight
1	January 2025	331	1612.44	278	1923.20	65	469.76	21	37.27	14	23.01	709	4065.68
2	February 2025	273	1564	277	2078.35	70	398.92	52	28.20	32	43.39	704	4112.19
3	March 2025	283	1912.79	284	2189.98	65	523.68	71	60.02	24	69.90	727	4759.37
4	April 2025	302	1957.10	299	2161.58	70	471.36	77	48.40	18	80.29	766	4718.73
5	May 2025	309	2105.18	320	2343.56	79	569.30	79	106.59	16	40.70	803	5165.32
6	June 2025	303	1982.00	297	2167.70	84	485.40	69	51.30	20	53.70	773	4740.30
7	July 2025	308	2181.00	317	2365.00	82	594.60	91	50.10	23	47.00	821	5237.80
8	August 2025	309	2156.00	322	2480.50	88	637.60	84	78.60	22	53.70	825	5406.80
9	September 2025	309	2277.40	340	2536.79	87	627.80	92	63.80	49	72.60	877	5578.40
10	October 2025	300	2105.00	320	2332.00	77	580.00	89	84.80	31	33.00	817	5135.00
11	November 2025	285	1936.61	308	2295.10	89	663.40	91	55.10	29	62.00	802	5036.20
12	December 2025	316	2427.31	315	2142.81	80	662.40	89	48.10	28	64.20	828	5344.82
Overall Total		**3628**	**24217**	**3677**	**27017**	**936**	**6684**	**905**	**712**	**306**	**643**	**9452**	**59301**
average per month		**302.3**	**2018.08**	**306.4**	**2251.4**	**78**	**557**	**75.4**	**59.33**	**25.5**	**53.58**	**787.7**	**4941.75**

Fortis
2nd Stage, Nagarbhavi, Bangalore - 560 072.
For Appointments : +91 95910 35258
E-mail : ccarenbv.opd@fortishealthcare.com
www.fortishealthcare.com

Date- 22/5/2026

TO,

The environmental officer,

Karnataka state Pollution control board

Regional office-Rajarajeshwari Nagar

Nisarga Bhavan,2nd floor Bangalore-560010

SUB: Submission Filling of Hazardous Waste Annual returns in

FORM-10 for the year 2025-2026

Respected sir,

With reference to the above subject, we are hereby submitting details of the Hazardous waste annual returns in FORM-10 for year 2025-2026, for M/s. Fortis Health Management limited, NO;23,80 feet road, Nagarabhavi site Bangalore-560072.

We Kindly request you to consider this document & issue us the acknowledgement.

Hope you will do the needful.

Thank you

Yours faithfully

For M/S, Fortis Health Management Ltd

(Authorized Signatory)

FORTIS HEALTH MANAGEMENT LIMITED
23, 80 Feet Road, Gurukrupa Layout
2nd Stage, Nagarabhavi, BANGALORE-560 072.
Tel: 91 - 80 - 2301 4100

u/c

FORM 4

[See rules 6(5), 13(8), 16(6) and 20 (2)]

FORM FOR FILING ANNUAL RETURNS

[To be submitted to State Pollution Control Board by 30th day of June of every year for the preceding period April to March]

1. Name and address of facility: M/S. Forti's Health Management Ltd. No:23. 80 Feet Road. Nagarbhi Sir B' Lone-72
2. Authorisation No. and Date of issue: 349172 7/10/25
3. Name of the authorised person and full address with telephone, fax number and e-mail: Arun industries, B-64, 3rd Stage, peenya. 9845695564
4. Production during the year (product wise), wherever applicable

Part A. To be filled by hazardous waste generators

1. Total quantity of waste generated category wise :- Waste-0:1
2. Quantity dispatched
   - (i) to disposal facility
   - (ii) to recycler or co-processors or pre-processor
   - (iii) others

   60 CTR
3. Quantity utilised in-house, if any - NIC
4. Quantity in storage at the end of the year – 60 CTR

Part B. To be filled by Treatment, storage and disposal facility operators Form-10 Attached.

1. Total quantity received -
2. Quantity in stock at the beginning of the year -
3. Quantity treated –
4. Quantity disposed in landfills as such and after treatment – NA
5. Quantity incinerated (if applicable) -
6. Quantity processed other than specified above -
7. Quantity in storage at the end of the year -

Part C. To be filled by recyclers or co-processors or other users

1. Quantity of waste received during the year –
   - (i) domestic sources
   - (ii) imported (if applicable)
2. Quantity in stock at the beginning of the year - NA

3. Quantity recycled or co-processed or used –

4. Quantity of products dispatched (wherever applicable) – NA

5. Quantity of waste generated -

6. Quantity of waste disposed -

7. Quantity re-exported (wherever applicable)-

8. Quantity in storage at the end of the year -

Signature of the Occupier
or
Operator of the disposal facility

13024
22/6/26

FORTIS HEALTH MANAGEMENT LIMITED
#23, 80 Feet Road, Gurukrupa Layout
2nd Stage, Nagarabhavi, BANGALORE-560 072.
Tel: 91 - 80 - 2301 4100

Date.....22/6/26.....

Place.....Bangalore.....

MANIFEST FOR HAZARDOUS AND OTHER WASTE

1	Senders's Name & Mailing address: (Including Phone No. and e-mail)	* Geetha Health management.
2	Sender's Authorisation Number	
3	Manifest Document No.	04741
4	Transporters Name & Address (Including Phone No. and e-mail)	ARUN INDUSTRIES B-64 3rd Stage Peenya Industrial Area
5	Type of vehicle	(Truck / Tanker / Special Vehicle)
6	Transporters Registration No.	349172
7	Vehicle Registration No.	KA01AJ0817
8	Receiver's Name & Address (Including Phone No. and e-mail)	ARUN INDUSTRIES B-64 3rd Stage, Peenya Industrial Area, BANGALORE - 560 058. Phone : 9845695564
9	Receiver's Authorisation Number	No. 349172
10	Waste Description :	Used oil
11	Total Quantity No. of Containers	60 Litres ..... m^3 or MT ..... Nos.
12	Physical form	(Solid / Semi- Solid / Sludge / Oily / Tarry / Slurry / Liquid)
13	Special Handling Instructions & Additional Information :	
14	Sender's certificate : I hereby declare that the contents of this consignment are fully & accurately described above by proper shipping name and are categorised, packed, marker and labeled and are in all respect in proper condition for transport by road according to applicable national government regulations Name & Stamp / Signature / Month 07 Day 10 Year 25	
15	Transporter's Acknowledgment of Receipt of Wastes Name & Stamp ARUN INDUSTRIES B-64 3rd Stage Peenya Industrial Area / Signature / Month 07 Day 10 Year 25	
16	Receiver's Certification for Receipt of Hazardous and Other Waste Name & Stamp Arun Industries, Bangalore / Signature For ARUN INDUSTRIES Proprietor / Month 07 Day 10 Year 25	

Copy 1 (White) To be forwarded by the sender to the State Pollution Control Board after signing all the seven copies.

Copy 2 (Yellow) To be retained by the sender after taking signature on it from the transporter and the rest of the five signed copied to be carried by the transporter.

Copy 3 (Pink) To be retained by the receiver (actual user or treatment storage and disposal facility operator) after receiving the waste and the remaining four copies are to be duly signed by the receiver.

Copy 4 (Orange) To be handed over to the transporter by the receiver after accepting waste.

Copy 5(Green) To be sent by the receiver to the State Pollution Control Board.

Copy 6(Blue) To be sent by the receiver to the Sender.

Copy 7(Grey) To be sent by the receiver to the State Pollution Control Board. of the sender in case the sender is in another State.

Paramesh Mani

Subject:	HIC Committee Meeting May 2026
Location:	Basement Seminar Hall
Start:	Wed 5/20/2026 11:00 AM
End:	Wed 5/20/2026 11:30 AM
Show Time As:	Tentative
Recurrence:	(none)
Meeting Status:	Not yet responded
Organizer:	Paramesh Mani
Required Attendees:	Icn Nbv; Quality nbv; Sunil R; E Gowramma; Pradeep Kumar S2; Jois Shravan; Vijetha Shetty; Kamuthurai G; Anil Kumar Mg; Venkatesh Laxman; Veronica Gonsalves; Nursingnbv Icu; Nursingnbv Ot; CTVS nbv

Dear All,

HIC committee meeting for the month April 2026 is scheduled on 20th March 2026 at 11:00 AM in basement seminar hall. Requesting you all to join for the same on time.

Essential Agenda Items:

a. Action Taken Report on previous committee minutes
b. Any Key update from HMC
c. Infection Control Data including MOS & CESC & trend analysis of HAIs
d. BMW License, Vendor Agreement validity & regulatory reports
e. BMW Audit findings/ issues /concerns
f. Needle Stick Injury data, Audits
g. Infection Control & BMW Trainings
h. Surveillance reports
i. Vaccination Record update
j. AMS update
k. Data Validation Report
l. OT Report
m. CSSD Update
n. Construction/Repair planned
o. Approval of any new products
p. Any issues/ Concerns/ Incidents.
q. Important Matters for decision & direction
r. Important Matters for Information

Previous Minutes of The Meeting:

S No	Actionable Item from previous meeting	Date when the actionable	Responsibility	Timeline	Remarks on closure with date

		was first decided			when closed
1	HR to mandatorily collect and verify complete vaccination history (as per hospital policy) of all new joiners at the time of joining and ensure records are maintained in employee files / digital HR system.	15-04-2026	HR Department	Immediate – applicable for all new joiners from date of implementation	Ongoing

Regards
Paramesh

Microsoft Teams meeting

Join:

https://teams.microsoft.com/meet/41388423248835?p=ZN6Xssq6LiQpS4lnhP

Meeting ID: 413 884 232 488 35

Passcode: 4jH6Wj6B

Need help? | System reference

Join on a video conferencing device

Tenant key: teams@fortishealthcare.onpexip.com

Video ID: 136 325 634 7

More info

For organizers: Meeting options

MINUTES OF HOSPITAL INFECTION CONTROL COMMITTEE

NAME OF UNIT: NBV

1. Date & Time: 20-05-2026, 11:00 AM
2. Total no. of Members in the committee: 19
3. Number of members attended: 17
4. Chairman, convener & Mandatory Members present (Yes/No): Yes
5. Details of essential members who neither attended nor sent a representative: NA
6. Agenda circulated 3 days prior to meeting (Yes/No): Yes
7. Action Taken Report (ATR) of previous meeting:

S No	Actionable Item from previous meeting	Date when the actionable was first decided	Responsibility	Timeline	Remarks on closure with date when closed
1	HR to mandatorily collect and verify complete vaccination history (as per hospital policy) of all new joiners at the time of joining and ensure records are maintained in employee files / digital HR system.	• 15-04-2026	• HR Department	Immediate – applicable for all new joiners from date of implementation	• Ongoing

8. Summary of discussion on Reports / documents of all essential Agenda items presented.

S. No.	Agenda Item	Updates /, Points	Actionable	Responsibility	Timeline
1	MOS - HAI Concerns / Scores	• HAI MOS compliance was 100% and there were no issues.	• Continue regular monitoring of HAI MOS compliance • Document and report monthly compliance • Conduct refresher training if any gaps are identified in future audits	• Infection Control Team • Quality Team • Infection Control & Nursing Educator	• Ongoing • Monthly • As needed
2	CESC – HAI Score / trend / Analysis / Concerns	• There were no HAIs in the month.	• NA	• NA	• NA
3	BMW License / Vendor Agreement validity / regulatory reports status	• The license is valid till September 2030. • Vendor agreement is in place and valid. • The monthly reports are uploaded on the portal.	• Maintain valid license and vendor agreements • Continue monthly report submissions	• Non-medical administration	• Ongoing
4	Needle Stick Injury data / concerns	• There were NSI reported in the month.	• NA	• NA	• NA
5	Infection Control & BMW Trainings update	• The annual training for the staff is completed in the month of April 2026.	• Maintain training attendance and competency records • Conduct refresher or focused sessions for newly joined staff • Evaluate effectiveness	• Nursing Educator & Infection Control Team • Nursing Educator • Quality Team	• Completed / Ongoing • As and when required

			of training through periodic audits		• Quarterly
6	Surveillance reports (High Risk Areas)	• Environmental and water culture reports from all **critical care areas** (ICU, OT, Dialysis, CSSD, etc.) were reviewed. • All results were **negative**, indicating satisfactory infection control practices and environmental hygiene. • No contamination or deviation was detected.	• Continue regular environmental and water culture surveillance • Review results in monthly IC meetings	• Infection Control Team • Microbiologist & ICN	• Ongoing • Monthly
7	Vaccination status update	• Total 53 staff were given immunization *Zero Dose - 23 *1st Dose - 18 *2nd Dose - 7 *Booster Dose – 5 (Total: 53)	• Maintain updated vaccination records for all staff • Monitor vaccination compliance for new joiners	• Infection Control Nurse / HR	• Completed / Ongoing • Ongoing
8	AMS status & concerns	• The AMS report for the period was presented and reviewed. • Findings were **satisfactory**, indicating good compliance with antimicrobial stewardship protocols. • No major deviations or	• Continue regular monitoring and analysis of AMS data. • Sharing monthly AMS summary with clinical departments	• AMS Team. • AMS Coordinator	• Ongoing • Monthly

		issues were identified.			
9	Data Validation Report	• The submitted data for the reporting period was reviewed and validated by the quality head. • **In few places the columns were marked as YES instead of NA or NO.** • Data accuracy and completeness found satisfactory.	• Continue periodic data validation to ensure accuracy • Immediately got the data corrected and explained to capture the data from OT record.	• Quality Team	• Ongoing
10	Key concerns - OT C/S Report, environment surveillance (Temp / Pressure / Humidity), HEPA Filters	• Surveillance culture reports for the month. • All results were **negative**, indicating effective infection prevention and control measures. • No growth or contamination is reported from any critical or non-critical areas. • HEPA filter validation was done on 02-12-2025, Next validation due on 01 Jun 2026	• Continue routine monthly surveillance cultures	• Infection Control Team	• Ongoing
11	CSSD Indicators	• Review of **CSSD indicators** showed full compliance as per the **SOP**. • No deviations or non-	• Continue routine monitoring of CSSD indicators as per SOP • Review CSSD	• CSSD In-Charge	• Ongoing

		conformities were observed in sterilization, monitoring, or documentation processes. • Performance indicators such as sterility checks, autoclave cycles, and chemical indicator results were satisfactory.	indicator data in monthly IC meetings •	• Infection Control Team	• Monthly
12	Construction / Repair planned	• Floor raising work is under progress in the terrace non-clinical area. The ICRA was done and documented appropriately.	• Continue the same and monitor the adherence.	• ICN	• On going
13	Any new products for Approval	• NIL	• NA	• NA	• NA
14	Important Matters for decision & direction	• NIL	• NA	• NA	• NA
15	Important Matters for Information	• NIL	• NA	• NA	• NA

A. Other Agenda Items

S. No.	Agenda Item	Discussion	Actionable	Responsibility	Timeline
1	• SSI follow up template to be collected from BG and implemented with immediate effect.	• It was discussed that a standardized Surgical Site Infection (SSI) follow-up template to be collected from	• 1. Collect the finalized SSI follow-up template from BG. 2. Review and align the template with hospital	• • Infection Control Officer (ICO) • Infection Control Nurse (ICN) • Quality Head • Nursing	• • Template collection: Immediate (within 1 day) • Staff orientation: Within 3 days •

		BG Fortis. Implementation of this template is essential for uniform post-discharge surveillance, early detection of SSI, accurate reporting, and compliance with Infection Control standards.	workflow and specialties. 3. Orient surgeons, nursing staff, and IP team on usage. 4. Implement the template for all surgical patients with immediate effect. 5. Monitor compliance and report SSI follow-up data in HICC meetings.	Superintendent • HOD – Surgery / OT	Implementation: Immediate • First compliance review: Within 1 week
2	• Collection and verification of vaccination reports from newly joined employees	• It was discussed that vaccination status of all newly joined employees is critical for staff safety, patient safety, and NABH compliance. Employees shall submit vaccination records from their previous organization. In case records are unavailable, a formal declaration shall be obtained. Employees without valid vaccination proof shall be immunized as per hospital policy.	• 1. Collect vaccination records from previous organization at the time of joining. 2. If records are unavailable, obtain a signed vaccination declaration from the employee. 3. Employees without documented vaccination shall be enrolled for complete vaccination schedule. 4. Administer vaccination starting from the 1st dose at the hospital, as per Occupational Health policy. 5. Maintain	• • HR Department • Occupational Health Physician • Infection Control Officer (ICO) • Infection Control Nurse (ICN) • Nursing Superintendent	• • Record collection: At joining • Declaration: At joining • Vaccination initiation: Within 7 days of joining • Record updation: Ongoing

			updated vaccination records in employee health files and monitor compliance.		

Ms Sowmya N

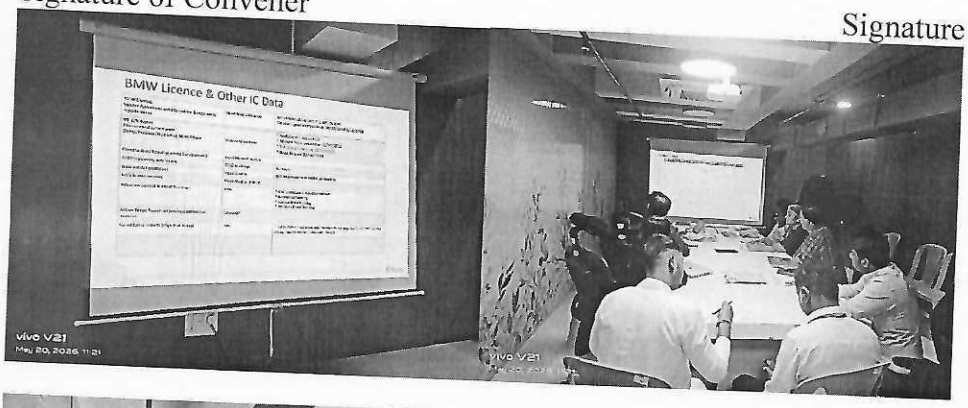
Infection Control Nurse

Signature of Convener

Dr Praveen Kumar

ICU Intensivist

Signature of Chairman





Fortis

Attendance Sheet

Program Name: HOSPITAL INFECTION CONTROL COMMITTEE

Programme Date & Time: 20 - 05 - 2026 at 11 am

S No	Committee Role	Participant Name	Department	Global ID	Signature
1	Chairperson	Dr Praveenkumar	ICU Intensivist	1010081	
2	Convener	Ms Sowmya N	Infection control nurse	1030395	
3	Member	Dr Premkumar K	Consultant Urologist	156	
4	Member	Dr Manjunath K L	Consultant orthopedician	267	
5	Member	Dr Sunil Kumar R	Medical Administrator	215225	
6	Member	Dr Pradeep Kumar S	Medical Director	964114	
7	Member	Ms Gowramma E	CNO	1013694	
8	Member	Mr Paramesh	Head of Quality	131310	
9	Member	Mr Ratheef Naik	Facility Director	192370	
10	Member	Mr Vijeth Shetty	Head Admin	101300	
11	Member	Mr Kamuthurai	Head BME	218200	
12	Member	Mr Anil Kumar M G	Head Engineering	1015587	
13	Member	Mr Venkatesh L	Head Housekeeping	130211	
14	Member	Ms Veronica G	Nursing Quality	106554	
15	Member	Dr Suraj Yadav	Clinical Pharmacologist	1021194	
16	Member	Mr Mahadevaswamy K K	CSSD In charge	131374	
17	Member	Dr Bhavana C	Microbiologist	963892	
18	Member	Ms Suma C S	OT Manager	1023093	
19	Member	Dr Mohammed Shakeel Sillat	I D Consultant		