Fortis
HOSPITAL
Mohali

Punjab Pollution Control Board * Regional Office: S.A.S Nagar *
Rec. Bhupinder Singh 30/7/26

Fortis Hospital
Sector 62, Phase-VIII
Mohali - 160 062
Tel.: 91-172-469-2222, 91-172-502-1222
Fax: 91-172-4692221, 91-172-509-6221
E-mail: contactus.mohali@fortishealthcare.com
Website: www.fortishealthcare.com

To

Date 29.06.2026

The Environmental Engineer,

Punjab Pollution Control Board,

Plot No. 55, Phase 2,

S. A. S. Nagar (Mohali).

Sub: Submission of Annual Bio-Medical Waste Report FY 2025 (1st Jan 2025 to 31st Dec 2025)

Dear Sir,

Please find enclosed the Annual Bio-Medical Report for the year 2024 with below mentioned enclosures.

1. Annual Report Form IV
2. Accident Reporting Form 1
3. Annexure -1 for Biomedical waste details month wise for the year 2025
4. Annexure -2 for Needle stick injury details month wise for the year 2025

With Best Regards

Authorized Signatory

For Fortis healthcare Ltd., Mohali

PUNJAB STATE POLLUTION CONTROL BOARD

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 health care facility(HCF), or common bio-medical waste treatment facility (CBWTF)]

Return No : *32735788* **Period :** *2025*

1. Particulars of the Occupier	
(i) Name of the authorized person (Occupier or operator of facility):	*Abhijit Singh*
(ii) Name of HCF or CBMWTF:	*FORTIS HEALTH CARE LTD*
(iii) Address for Correspondence:	*SECTOR 62, PHASE VIII,*
(iv) Address of Facility:	*SECTOR 62, PHASE VIII, MOHALI*
(v) Tel. No.:	*9872305900*
(vi) Fax. No.:	*0172 - 5096221*
(vii) E-mail ID:	*neeraj.tandon@fortishealthcare.com*
(viii) URL of Website:	*www.fortishealthcare.com*
(ix) GPS coordinates of HCF of CBMWTF:	*NL 30.413, EL 76.43*
(x) Ownership of HCF or CBMWTF:	*Any Other*
(xi) Status of Authorization under the BMW (Managementand Handing) Rules:	*Authorization No.: BMW/Fresh/SAS/2024/24429102* *Valid Upto: 31/12/2028*
(xii) Status of Consents under Water Act and Air Act.:	*Valid Upto: 31/12/2026*
2. Type of Health Care Facility	
HCF/CBMWTF Type:	*HCF*
(i) No. of Beds(for Bedded Hospital):	*375.0*
(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other):	*Any other*
(iii) Licence Number:	
(iv) Licence date of expiry:	
3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	*Yellow Category: 88191.50* *Red Category: 136235* *White Category: 2796.299* *Blue Category: 33109.54* *General Solid Waste: 234315*
4. Details of the Storage, Treatment, Transportation, Processing and Disposal Facility Details	
(i) Details of the on-site storage facility:	*Size: 51* *Capacity: 2* *Provision of on-site storage: Provision of on-site storage*

Abhijit Singh
Zonal Director
Fortis Hospital
Sector-62, Phase-VIII, Mohali

(ii) Disposal Facility:	**Type of Treatment Equipment** / **Number of Units** / **Capacity(Kg/day)** / **Quantity Treated or Disposed(Kg/annum)** --- / --- / --- / ---
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum:	*0.0*
(iv) No of vehicles used for collection and transportation of BMW:	*0010*
(v) Details of incineration, ash and ETP sludge generated, disposal during the treatment of wastes in Kg per annum	**Type of waste** / **Quantity Generated** / **Where disposal** --- / --- / ---
(vi) Name of the Common BMW Treatment Facility Operator through which wastes are disposed of:	*Rainbow Environments Pvt. Ltd., Mohali*
5. Do you have BMW management committee:	*yes*
details:	
6. Training Conducted on BMW Details	
(i) Number of training conducted on BMW Management:	*88*
(ii) Number of personnel trained:	*2043*
(iii) Number of personnel trained at the time of induction:	*754*
(iv) Number of personnel not undergone any training so far:	*0*
(v) Whether standard manual for training is available:	*yes*
(vi) Any other information:	*NA*
7. Details of the accident occurred	
(i) No. of accident occurred:	*72*
(ii) Number of the persons affected:	*72*
(iii) Remedial Action taken:	*Vaccination done and trainings provided*
(iv) Any Fatality occurred, details:	*Major Injury Nil, Only needle stick injuries, Vaccination done and training provided*
8. Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?:	*200*
Details of Continuous online emission monitoring systems installed:	*Yes*
9. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year:	*Yes*
10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards in a year?:	*Yes, Disinfected method as per norms are followed*
11. Any other relevant information:	

Name and Signature of the Head of the Institution

Abhijit Singh
Zonal Director
Fortis Hospital
Sector-62, Phase-VIII, Mohali

Date : *29/07/2026*

Place : *SAS NAGAR*

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)	:	ABHIJIT SINGH
	(ii) Name of HCF or CBMWTF	:	FORTIS HEALTHCARE LIMITED
	(iii) Address for Correspondence	:	C/O FORTIS HOSPITAL SECTOR-62 PHASE 8
	(iv) Address of Facility	:	MOHALI SAS NAGAR PUNJAB
	(v)Tel. No, Fax. No	:	0172 4692222
	(vi) E-mail ID	:	ABHIJIT.SINGH@FORTISHEALTHCARE.COM
	(vii) URL of Website	:	WWW.FORTISHEALTHCARE.COM
	(viii) GPS coordinates of HCF or CBMWTF	:	NL 30.413, EL 76.43
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) ANY OTHER
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: BMW/FRESH/SAS/2024/24429102 ..... Valid upto: 31.12.2028
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: 31.12.2026 . (AIR) 31.12.2026 . (WATER)
2	Type of Health Care Facility	:	HCF
	(i) Bedded Hospital	:	No. of Beds: 375
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	N/A
	(iii) License number and its date of expiry	:	—
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	N/A
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	N/A Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	N/A Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	*Yellow Category:* 7078.04 kg/MONTH Cyto 271.257 kg/MONT *Red Category:* 11352.9 kg/MONTH *White:* 233.025 kg/MONTH. *Blue Category:* 2759.13 kg/MONTH *General Solid Waste:* 12660 kg/MONTH kitchen 6972 kg/M office waste
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage	:	Size: 450-550 SQF

Abhijit Singh
Zonal Director
Fortis Hospital
Sector-62, Phase-VIII, Mohali

	facility		Capacity: 750 Kg/DAY Approx. 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 Treatedor disposed in kg per annum** Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps Encapsulation or concrete pit — N/A Deep burial pits Chemical disinfection: 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.) — N/A —
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	— N/A —
	(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 — / — Ash — / — ETP Sludge — / —
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		M/s RAINBOW ENVIRONMENTS PVT. LTD. VILL – BALYALI KALAN, TECH – KHARAR DISTT – SAS NAGAR
	(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 MINUTES OF MEETING'S ATTACHED

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		88
	(ii) Number of personnel trained		2043
	(iii) Number of personnel trained at the time of induction		754
	(iv) Number of personnel not undergone any training so far		0
	(v) Whether standard manual for training is available?		YES
8	Details of the accident occurred during the year		(MAJOR) NIL
	(i) Number of Accidents occurred		72
	(ii) Number of persons affected		72
	(iii) Remedial Action taken (Please attach details if any)		VACCINATION DONE, TRAINING'S PROVIDED.
	(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?		YES NIL
	Details of Continuous online emission monitoring systems installed		NIL
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		YES, AS PER STANDARDS AND NORMS
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, DISINFECTED METHOD AS PER NORMS ARE FOLLOWED
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from 1ST JANUARY 2025 TO 31ST DECEMBER 2025

Name and Signature of the Head of the Institution

Sanjit Singh
Zonal Director
Fortis Hospital
Sector-62, Phase-VIII, Mohali

Date:

Place:

FORM – I
[See rule 4(o), 5(i) and 15(2)]

ACCIDENT REPORTING

1. Date and time of accident : NEEDLE STICK INJURY (AS PER ANEXURE II)
2. Type of Accident : NEEDLE STICK INJURY
3. Sequence of events leading to accident : AS PER ANNEXURE II
4. Has the Authority of 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 : FOR SAFETY VACCINATION DONE
7. Emergency measures taken : TRAINING PROVIDED TO ALL HEALTHGIVERS WITH TEST
8. Steps taken to alleviate the effects of accidents : PROCEDUAL TRAININGS/ TRAINING'S WITH PPE ON SEGRIGATION
9. Steps taken to prevent the recurrence of such an accident : CONTINOUS TRAININGS
10. Does you facility has Emergency Control policy? If yes, give details : HOSPITAL HAS ERT/HAZMAT TEAMS TO DEAL WITH ANY KIND OF EMERGENCY WITH SAFETY & SECURITY (AS PER NORMS

Date :.....

Place :.....MOHALI.....

Signature :.....

Designation .....Abhijit Singh.....

Zonal Director
Fortis Hospital
Sector-62, Phase-VIII, Mohali

N. Mandy

Fortis HOSPITAL
Mohali

Fortis Hospital
Sector 62, Phase-VIII
Mohali - 160 062
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E-mail: contactus.mohali@fortishealthcare.com
Website: www.fortishealthcare.com

ANNEXURE - 1

Name of the Hospital : **Fortis Hospital Limited (Fortis Healthcare Limited)**

Address of the Hospital : Mohali- Phase-8, Sector 62, SAS Nagar, Mohali.

Year : 2025

Details of Category wise, Biomedical Waste. (Kgs.)

Month	Blue Category		Red Category		White Category		Yellow Category		Cytotoxic/ Yellow Category		Covid Wasted	
Month	Bags	WT. (KG)	Bags	WT. (KG)	Bags	WT. (KG)	Bags	WT. (KG)	Bags	WT. (KG)	Bags	WT. (KG)
Jan-25	283	2559.15	2162	10435	142	222.68	1856	6859.07	49	237.53	-	-
Feb-25	293	2562.45	2103	10342	133	194.55	1731	6700.04	51	268.62	-	-
Mar-25	312	2746.32	2514	10600.2	113	176.7	2018	7127.02	55	282.36	-	-
Apr-25	309	2700.25	2556	11319.2	133	220.619	1983	6911.69	50	242.529	-	-
May-25	329	2904.38	2659	12122	142	227.15	2072	7599.65	56	279.68	11	22.25
Jun-25	319	2756.18	2686	12502.3	166	270.88	2231	8204.43	55	284.11	33	68.88
Jul-25	334	3019.28	2817	12562.8	186	329.44	2263	7888.77	62	314.75	23	61.72
Aug-25	306	2918.7	2603	11236.1	124	169.68	2070	7392.4	64	290.29	3	5.52
Sep-25	317	2969.96	2604	12297.3	188	316.18	1906	7365.64	59	282.92	-	-
Oct-25	281	2643.59	2371	10328.1	112	202.31	1778	6013.22	57	254.69	-	-
Nov-25	280	2519.08	2405	11162.7	131	207.11	1792	6370.17	58	264.8	-	-
Dec-25	316	2810.2	2503	11168.7	168	259	1949	6504.32	53	252.81	-	-
Total	**3679**	**33109.54**	**29983**	**136076.4**	**1738**	**2796.299**	**23649**	**84936.42**	**669**	**3255.089**	**70**	**158.37**

After generation, Segregation, Collection & Storage of Bio-Medical Waste, handed over to Authorized outsourced Agency M/s Rainbow Environment Pvt. Ltd., Village Balyali, Mohali for treatment & disposal as per PPCB norms.

Abhijit Singh
Zonal Director
Fortis Hospital
Sector-62, Phase-VIII, Mohali

ANNEXURE - II

NEEDLE STICK INJURY 2025

S.No	Month	No. of Injury	Area Distribution of Needle Stick Injury																										Categories of Needle Stick Injury								Incidence Needle Stick Injury					
			Ward A2	Ward A3	Ward A4	Ward A6	Ward A7	Sample Collection	Lab Medicine	PALANA	Blood Bank	COT	CCU	Basement	MICU	NISCU	NICU	GICU	MSOT	Dialysis	Ortho OT	ORTHO ICU	Laundry	SPICU	PET Scan	OPD	SICU	Triage	Doctor	Nurse	Technician	Trainee	Kitchen staff	Other	GDA	HK	Wrong segretation	Re-Caping	Wrong Practice	Accidental	After use before disposal	Procedural
1	January	8	1		1											2		1						2				1	1	5	1	1						1	2		2	3
2	February	3			1			1									1													1					1	1	1		1			1
3	March	4					1						1											1				1		3					1		1				1	2
4	April	5											1						1		1			1		1			1	3						1	1					4
5	May	4			2	1						1																	1	1					1	1	1	1			1	1
6	June	7			1		1										1		1					1		1	1		1	6								2		1		4
7	July	9						1		1			1		1		1		1					1				2	3	3	1				1	1	1	1		1	3	3
8	August	7									1			1		1		1	1			1			1				1		1	1		1		3	4			1		2
9	September	10											1			1			5				1			1		1	2	4	3					1	3	1	2			4
10	October	6		1												1		1	1					1				1	1	4						1	1			1		4
11	November	6	1					2												1	1			1						4	2							1		1	2	2
12	December	3							1										1								1		1	1	1								1	1		1
	Total	72	2	1	5	1	2	4	1	1	1	1	4	1	1	5	3	3	11	1	2	1	1	8	1	3	2	6	12	35	9	2	0	1	4	9	13	7	6	6	9	31

MINUTES OF MEETING

FHM-BMW COMMITTEE-30.01.2026

NAME OF UNIT – Fortis Hospital Mohali

Venue-Meeting room

NAME OF COMMITTEE: Bio-Medical Waste Committee

1. Date & Time: 30.1.2026 (4pm – 5pm)
2. Total no. of Members present in the meeting: 9
3. Agenda circulated prior to meeting (Yes/No): Yes

List of Attendees:

1. Dr. Anita Sharma-Infection Control Officer, Lab Head –BMW Chairperson
2. Dr Vikramjit Singh-MD
3. Dr.Apra Kalra
4. Neeraj Tandon
5. Mr. Ashok Sharma- Housekeeping supervisor
6. Mrs. Kiranpeet Kaur-ICN
7. Dr Pooja
8. Mrs. Joice Thomas
9. Mrs Sarabjit kaur

AGENDA

New Additions /Concerns

- Pending Vaccinations
- Increase in NSI observed
- PPE not being worn during transportation of BMW (heavy duty gloves)
- BMW segregation update.
- Mutilation of Plastic waste compromised in bigger areas

Any statutory compliances to be followed in the coming months- Mr. Neeraj to apprise

The following major points were discussed and responsibilities and timelines were agreed as in the table below.

S.No.	Issues	Discussion	Responsibility	Expected Closure Date	Remarks
1	Heavy duty gloves not worn by HK staff during transportation of BMW waste	Advised the department to provide heavy duty gloves	HK HOD, ICN	Immediately	19-6-2026
2.	Reinforced Vaccination	HR to share new joinees list	HR	ongoing	30-6-2026
3.	Good quality Hub cutter available	Product available	Purchase, IC, Admin	closed	
4.	Zero tolerance to Needle stick injury	NSI process reiterated and reinforced	CNO, IC Team, Area incharges	ongoing	30-6-2026

Signature of Chairman and Secretary

Dr Anita Sharma

(Chairman)

Kiranpreet Kaur

(Secretary)

FHL Training Attendance Sheet

Program Name	BMW meeting				
Program Date	3/1/22				
Facilitator					
Time	From		4:00pm	TO	5:00pm
Unit	IC Team				

S.No	Employee ID	Global ID	Participant Name	Dept/Area	Signature
1	114223	10192	Vasprect. Kam	—	
2	114250	10858	RAJESH	Housekeeping	
3	10283	114245	Rajbir Kaur	OT	
4		188001	Anil Kaur	Lab Med	
5	114367	10070	Saratjeet Kaur	Nsg	
6	20138	209870	Sheila Kisprotta	Sheila ICN	
7	11160	114195	Jose	Jt 11160	
8	18526	198410	Kiranpreet Kaur	Pc	
9	10757	114199	Neeraj Pandey	Engg	
10	308				
11					
12					
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22					

MINUTES OF MEETING

FHM-BMW COMMITTEE-17.07.2025

NAME OF UNIT – Fortis Hospital Mohali

Venue-Meeting room

NAME OF COMMITTEE: Bio-Medical Waste Committee

1. Date & Time: 17.07.2025 (3pm – 4pm)
2. Total no. of Members present in the meeting: 8
3. Agenda circulated prior to meeting (Yes/No): Yes

List of Attendees:

1. Dr. Anita Sharma-Infection Control Officer, Lab Head –BMW Chairperson
2. Dr Vikramjit Singh-MD
3. Dr.Apra Kalra
4. Neeraj Tandon
5. Mr. Ashok Sharma- Housekeeping supervisor
6. Mrs. Kiranpeet Kaur-ICN
7. Dr Pooja
8. Mrs. Joice Thomas

AGENDA

New Additions /Concerns

- Pending Vaccinations
- Increase in NSI observed.
- Poor quality of needle Hub cutters.
- PPE not being worn during transportation of BMW (heavy duty gloves)
- BMW segregation update.
- Mutilation of Plastic waste compromised in bigger areas.

Any statutory compliances to be followed in the coming months- Mr. Neeraj to apprise

The following major points were discussed and responsibilities and timelines were agreed as in the table below.

S.No.	Issues	Discussion	Responsibility	Expected Closure Date	Remarks
1	Heavy duty gloves not worn by HK staff during transportation of BMW waste	Advised the department to provide heavy duty gloves	HK HOD, ICN	Immediately	19-8-2025
2.	Reinforced Vaccination	HR to share new joinees list	HR	ongoing	30-8-2025
3.	Hub cutter quality is poor	Vendor to be changed	Purchase, IC, Admin	ongoing	30-8-2025
4.	Zero tolerance to Needle stick injury	NSI process reiterated and reinforced	CNO, IC Team, Area incharges	ongoing	30-8-2025

Signature of Chairman and Secretary

Dr Anita Sharma

(Chairman)

Kiranpreet Kaur

(Secretary)

FHL Training Attendance Sheet

Program Name	BMW Meeting
Program Date	17/7/2025
Facilitator	Kiranpreet Kaur (198410)

Time	From		3:00 pm	TO	4:00 pm
Unit					

S.No	Employee ID	Global ID	Participant Name	Dept/Area	Signature
1					
2	18576	198410	Kiranpreet Kaur	ICN	[signature]
3	12507	114333	Dr. Apke Rohe	Blood Centre	[signature]
4	18101	193081	Dr Pooja	Blood Centre	[signature]
	11160	114195	Joice Thomas	Nursing	[signature] 11160
6	114291	10167	ASHOK KUMAR	H.K.	[signature]
7		188001	Anil Sharma	Lab Med	[signature]
8		114277	[signature]	[signature]	[signature]
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