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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 | | |
|----------------------|---|-----|--|
| | Particulars of the Occupier | : | |
| | (i) Name of the authorized person (occupier or : operator of facility) | : | Dor Porashanth R Managing Director |
| | (ii) Name of HCF or CBMWTF : | : | Managing Director Specialist Hospital |
| | (iii)Address for Correspondence : | : | 216,7th main, 80 ft road, 1st block, HRBR Layout, Kalyonagar, Bangalore 216,7th main, 80 ft road, 1st block, |
| iji ja Vilkie - 1 | (iv) Address of Facility | : | 216,7" main, 80 ft road, 1st block, HRBR Layout, Kalyanagar, Bangalose |
| | (y)Tel. No, Fax. No : | : | HRBR Layout, Kalyanagar, Rangalose 080-42122222 |
| 17 | (vi) E-mail ID : | : | doip rashanth@specialisthespital. |
| | (vii) (vii) URL of Website | : | WWW. Specialisthospital . in |
| | (viii) GPS coordinates of HCF or CBMWTF | : | |
| | (ix) Ownership of HCF or CBMWTF : | : | (State Government or Private or Semi Govt. or any other) |
| | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorization Valid up to: 30/09/2019 |
| | (xi). Status of Consents under Water Act and Air Ac | : | Valid up to: 30/09/2019 |
| | Type of Health Care Facility : | : | Multi Speciality Hospital |
| 2 | (i) Bedded Hospital : | ; | No. of Beds:- 120 |
| | (ii) Non-bedded hospital : (Clinic or Blood Bank or Clinical Laboratory or Research Institute or | : . | Clinic |
| (| (iii) License number and its date of expiry | : | 10169-AS-NH; 20/01/2019 |
| | Details of CBMWTF : | : | Not Applicable |
| | (i) Number healthcare facilities covered by CBMW f: | : | Not Applicable |
| | (ii) No of beds covered by CBMWTF : | : | Not Applicable |
| | (iii) Installed treatment and disposal capacity of CBMWTF | : | Kg per Day |
| ľ | · | : | |
| C | (iv) Quantity of biomedical waste treated or | : | Kg per Day |
| c | disposed by CBMWTF | : | |



| | | Red Category : 1202 |
|-------------|--|--|
| 4 | Quantity of waste generated or disposed in Kg pe Annum (on monthly average basis) | |
| | | Blue Category: 217 [Cardboard Box] |
| | | Blue Category: 217 [Cardboard Boz] General Solid Waste: Taken by corporation 300 Kg (day |
| | Details of The Storage, treatment, transportation, pr | J 1 J |
| | | size: 1)42×32 2)42×32 3)42×32 |
| | (i)Details Of on-site Storage Facility | Capacity : |
| | | Provision On-sit Storage :(Cold Storage or any other provision) |
| | | Type of Trustman Disposed in kgs per day |
| | | a)Incinerators: |
| - 11 20 | | b)Plasma Pyrolysis: |
| | | c)Autoclaves: |
| | | d)Microwaves: |
| | | e)Hydroclave: |
| | | f)Shredder: |
| | | g)Needle tip Cutter: |
| 5 | | or Destroyer: |
| | | i)encapsulation or |
| | | Concrete Pit: |
| na prano la | | j)Concrete Pit: |
| | | i)Deep Burial Pit: |
| | | j)Chemical Disinfection |
| | | or any other treatment |
| | | Equipment: |

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| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | |
| | (v) Details of incineration ash and ETP sludge | : | |
| | (vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of | : | M/s. Medicare Environmental Management Pvt. Ltd., "Ramky House", Site No. 25-30, 2nd Cross, Raghavendranagar, Hennur Ring Road, Kalyan Nagar, Bangalore - 560043. |
| 2 | (vii) List of member HCF not handed over bio-medical waste. | : | |
| 6 | Do you have bio-medical waste mana Management committee? if yes, attach minutes of the meeting held during the reporting period. | : | Bio modical waste Management is a part of Hospital Infection Control Committee. |
| 7 | Details trainings conducted on BMW : | | |
| | (i) Number of trainings conducted on BMW Management. | : | 28 |
| | (ii) number of personnel trained | : | 275 |
| | (iii) number of personnel trained at the time of induction | : | 154 |
| | (iv) number of personnel not under gone un undergone any training so far | : | |
| | (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 (ii) Number of the persons affected | : | |
| | (iii) Remedial Action taken (Please attach details if any) | : | |
| | (iv) Any Fatality occurred, details. | : | £3 |

| | Details of Continuous online emission | | |
|----|---|----|---|
| | monitoring systems installed | | |
| 10 | Liquid waste generated and treatment methods in place. how many times you have not met the standards in a year? | : | STP of 75 KLD |
| | 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) |
| | | : | |
| | | | |
| | A | : | |
| | | | |

Date: 28/06/2018

Place: Bangaloore

Name and Signature of the Head of the Institution Dr. Prashanth. R. Dr. Anaging Director Managing Systems Pvt. Ltd. Specialist Health Systems