

## Maharaj Sawan Singh Charitable Hospital

No. BH/FF&HK/BMW-PPCB/02/2019

25.01.2019

Environmental Engineer, Punjab Pollution Control Board, Plot No. 164, Focal Point, Mehta Road, Zonal Office, Amritsar

Sub

Submission of Annual Report of Bio-Medical Waste Management

Dear Sir,

As per Clause (13) of terms and conditions of Authorization for Waste Management granted to this Hospital under Bio-Medical Waste (Management and Handling) Rules 1998, enclosed please find herewith the Annual Report of Waste Management of this Hospital on Form-IV for the period from 01.01.2018 to 31.12.2018.

Thanking you,

Yours sincerely,

R S Malik

**Chief Administrator** 

CC: The Chairman,

Punjab Pollution Control Board,

Vatavaran Bhawan,

Nabha Road, Patiala - 147 001

## FORM - IV

## ANNUAL REPORT

| Sl<br>No. | Particulars   |   |  |  |  |  |  |
|-----------|---|---|--|--|--|--|--|
| 1.        | Particulars of the Occupier                                     | :   | Maharaj Sawan Singh Charitable Hospital          |  |  |  |  |
|           | (i) Name of the authorised person                               | :   | R S Malik  |  |  |  |  |
|           | (occupier or operator of facility)                              |   |  |  |  |  |  |
|           | (ii) Name of HCF or CBMWTF                                      | :   | M/s. Amritsar Envirocare Systems Pvt Ltd.,       |  |  |  |  |
|           |   |   | Amritsar (Dr Inderpal Singh Pasricha)            |  |  |  |  |
|           | (iii) Address for correspondence                                | :   | Village Iban Kalan, Chabhal Road, Amritsar       |  |  |  |  |
|           | (iv) Address of facility  | :   | Village Iban Kalan, Chabhal Road, Amritsar       |  |  |  |  |
|           | (v) Tel. No., Fax No.   | :   | 0183-5065311                                     |  |  |  |  |
|           | (vi) E-mail ID  | :   | aecs2004@rediffmail.com                          |  |  |  |  |
|           | (vii) URL of website  | :   | Under preparation                                |  |  |  |  |
|           | (viii) GPS coordinates of HCF or CBMWTF                         | :   |  |  |  |  |  |
|           | (ix) Ownership of HCF or CBMWTF                                 | :   | Non Profit Society / Private                     |  |  |  |  |
|           | (x) Status of authorisation under the                           | :   | Authorization No.ZO-ASR/ASR/BMW/2017/            |  |  |  |  |
|           | Bio-Medical Waste (Management and Handling) Rules               |   | F-45 dated 12.04.2018 valid up to 31.03.2020     |  |  |  |  |
|           | (xi) Status of Consents under Water<br>Act and Air Act          | :   | Valid up to 31.03.2020                           |  |  |  |  |
| 2.        | Type of Health Care Facility                                    | :   |  |  |  |  |  |
|           | (i) Bedded Hospital   | :   | No. of Beds 267                                  |  |  |  |  |
|           | (ii) Non-bedded hospital  | :   | N/A  |  |  |  |  |
|           | (Clinic or Blood Bank or Clinical                               |   | ,  |  |  |  |  |
|           | Laboratory or Research Institute or                             |   |  |  |  |  |  |
|           | Veterinary Hospital or any other)                               |   |  |  |  |  |  |
|           | (iii) License number and its date of                            | :   | ZO-ASR/ASR/BMW/2017/F-45 valid upto              |  |  |  |  |
|           | expiry  |   | 31.03.2020 for BMW                               |  |  |  |  |
| 3.        | Details of CBMWTF   | :   | N/A  |  |  |  |  |
|           | (i) Number healthcare facilities covered by CBMWTF              | :   |  |  |  |  |  |
|           | (ii) No. Of beds covered by CBMWTF                              | :   |  |  |  |  |  |
|           | (iii) Installed treatment and disposal capacity of CBMWTF       | :   |  |  |  |  |  |
|           | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | :   |  |  |  |  |  |
| 4.        | Quantity of waste generated or                                  | :   | Yellow category (A+C+H): 1283 kg/month           |  |  |  |  |
|           | disposed in Kg per annum (on monthly                            |   | (F) : 15050 Ltrs/ month                          |  |  |  |  |
|           | average basis)  |   | Red Category: 1085 kg/month                      |  |  |  |  |
|           |   |   | White: 35 kg/month                               |  |  |  |  |
|           |   |   | Blue Category: 270 kg/month                      |  |  |  |  |
|           |   |   | General Solid waste: Nil                         |  |  |  |  |
| 5.        | Details of the Storage, treatment, transp                       | Details of the Storage, treatment, transportation, processing and disposal facility |  |  |  |  |  |
|           | (i) Details of the on-site storage facility                     | :   | Size: 170 cuft                                   |  |  |  |  |
|           |   |   | Capacity: 200kg (approx)                         |  |  |  |  |
|           |   |   | Provision of on-site: (cold storage or any other |  |  |  |  |
|           |   |   | provision) N/A                                   |  |  |  |  |
|           |   |   |  |  |  |  |  |
|           |   |   |  |  |  |  |  |
|           |   |   | ,  |  |  |  |  |

|     | (ii) Disposal facilities   | : | Type of<br>treatment<br>equipment   | No of units                               | Capacity<br>kg/day | Quantity<br>treated or<br>disposed in<br>kg per<br>annum |  |
|-----|--|---|---|---|--------------------|--|--|
|     |  |   | Incinerators Plasma Pyrolysis Autoclaves (1) Microwave Hydroclave Shredder Needle tip cutter or destroyer | Every<br>wards,<br>Emergency,<br>ICU, CCU | Adequate  Adequate | 621 Kg Plastic waste                                     |  |
| a a |  |   | Sharps<br>encapsulatio<br>n or concrete<br>pit  | N/A                                       | N/A                | N/A  |  |
|     |  |   | Deep burial pits  | N/A                                       | N/A                | N/A  |  |
|     |  |   | Chemical disinfection   | Sodium<br>Hypochlorite<br>1%              | N/A                | N/A  |  |
|     |  |   | Any other treatment equipment   | N/A                                       | N/A                | N/A  |  |
|     | (iii) No of vehicles used for collection<br>and transportation of bio-medical<br>waste                                       | : | One   | -   |                    |  |  |
|     | (iv) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per              | : |   |   | antity<br>erated   | Where disposed   |  |
|     | annum  |   | Incineration  | on N                                      | /A                 | N/A  |  |
|     |  |   | Ash<br>ETP Sludg  |   | /A<br>//A          | N/A<br>N/A   |  |
| *   |  |   |   |   |                    |  |  |
|     | (v) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of.                   | : |   | itsar Enviro<br>Or Inderpal S             |                    | stems Pvt Ltd.,<br>richa)                                |  |
|     | (vi) List of member HCF not handed over bio-medical waste.   | : |   |   |                    |  |  |
| 6.  | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period. | : | Yes, copies enclosed.   |   |                    |  |  |
| 7.  | Details of training conduct on BMW  (i) Number of trainings conducted on BMW Management.                                     | : | Twice a ye  | ar  |                    |  |  |
|     | (ii) Number of personnel trained.  | : | Personnel related to BMW: Nursing Sisters-12<br>Staff Nurses-116, Ward Helpers-87 &<br>Helpers-47         |   |                    |  |  |
|     | (iii) Number of personnel trained at the   | : | New inductees : Staff Nurses-08, Ward Helpers-09 & Helpers-01   |   |                    |  |  |
|     | time of induction.  (iv) Number of personnel not undergone any training so far.  | : | Nil   | & Helpers-                                | ·UI                |  |  |
|     | (v) Whether standard manual for training is available?   | : | Yes   |   |                    |  |  |

|     | (vi) Any other information.   | : | Nil  |
|-----|---|---|--|
| 8.  | Details of the accident occurred during the year.   |   |  |
|     | (i) Number of Accidents occurred.   | : | Nil  |
|     | (ii) Number of the persons affected.  | : | Nil  |
|     | (iii) Remedial Action taken. (Please attached details if any)   | : | N/A  |
|     | (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?     | : | N/A  |
|     | Details of Continuous online emission monitoring systems installed.   | : | N/A  |
| 10. | Liquid waste generated and treatment<br>methods in place. How many times<br>you have not met the standards in the<br>year?        | : | 75.0 x 10 <sup>6</sup> L Pretreated in Anaerobic fixed film reactor system (AFFR) and then land absorbed/used for irrigation). |
| 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  |
| 12  | Any other relevant information  | : | (Air Pollution Control Devices attached with Incinerator).   |

| Certified that the above report is for the period from 1 <sup>st</sup> January to 31 <sup>st</sup> December, 2018. |  |
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|  |  |

(R S Malik)
Name and Signature of the Head of the Institution

Date: 22.01.2019

Place: Beas