

Annual Returns form for Health Care Facilities / Common Bio-medical Waste Treatment and Disposal Facility (CBWTF)

PCB ID : 110559

Health Care Facility / CBWTF Name : Anand Hospital & RC Indore

1	Year	2020 ▼
2	Type of Health Care Facility	Bedded Hospital Private ▼
3	Number of Beds	48
4	License Number and Date of Expiry of License	110559/ 30/11/2023 30/11/20
5	Do you have Captive Treatment Facility ?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Quantity of Waste Generated or Disposed in Kg per annum (on monthly average basis)

6	Yellow Category	1143.6
7	Red Category	1398
8	White Category	51.9
9	Blue Category	1216.2
10	General Solid Waste	14305

Details of the Storage, Treatment, Transportation, Processing and Disposal Facility

11	Details of the on-site storage facility	we have B.M.W. segregation area on 5th floor, according to norms.
12	Treatment Facility	DIF,DCT,DNC
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment (in kg / Year)	0.000
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	03
15	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in Kg / Year)	68

16	Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Hoswin Incinerator Pvt. Ltd ▼
17	Do you have bio-medical waste management committee ? If yes, minutes of the meetings held during the reporting period	<input checked="" type="radio"/> Yes <input type="radio"/> No <div>Report already been submitted.</div>
Details of Trainings conducted on Bio Medical Waste Management		
18	Number of Trainings conducted on BMW Management	12
19	Number of Personnel Trained	87
20	Number of Personnel Trained at the time of Induction	110
21	Number of Personnel not undergone any Training so far	3
22	Whether standard manual for Training is available ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
23	Any other information	NOT ANYONE
Details of the accident occurred during the year		
24	Number of Accident occurred	00
25	Number of the persons affected	00
26	Remedial Action taken (details if any)	NA
27	Any Fatality Occurred , details	NO
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	<input checked="" type="radio"/> Yes <input type="radio"/> No <div>not anyone</div>
29	Details of Continuous Online Emission Monitoring systems installed	NA
30	Liquid waste generated and treatment methods in place . How many times	0

	you have not met the standards in a year	
31	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text" value="not any one"/>
32	Any other relevant information	<input type="text" value="NA"/>
<div>Update</div>		