

Trauma Centre & Super Speciality Hospital

पत्रांक :- HCTC/प्रदुषण/2022/

दिनांक :- 15.07.2022

सेवा में,

क्षेत्रीय अधिकारी यू पी प्रदुषण नियंत्रण बोर्ड,

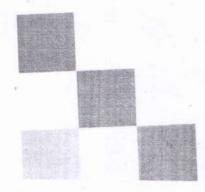
विषय:- बियो मेडिकल वेस्ट की वार्षिक रिपोर्ट। महोदय,

आपको यह सूचित किया जा रहा है कि आपके कार्यालय के पत्रांक सं 3133/BMW -2339/17 दिनांक 01.12.2020, को जो बायो मेडिकल वेस्ट से सम्बंधित जो ऑथॉरिज़ेशन लेटर दिया गया था उसी से सम्बंधित बायो मेडिकल वेस्ट कि वार्षिक रिपोर्ट (माह जनवरी '2021 से दिसंबर 2021 व माह जनवरी' 2022 से दिसंबर '2022) इस कार्यालय से आपके पास अग्रिम कार्यवाही हेतु प्रेषित है।



भवदीय,

्रिक्ष्ण कपूर निदेशक हेल्थ सिटी हॉस्पिटल



Health City Superspeciality Hospital is now NABH accredited. The highest national recognition for quality patient care and safety.



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)]

SI. No.	Particulars		
1	Particulars of the Occupier	1	
	(i) Name of the authorized person (occupier or : operator of facility)	1	DR Sandoub Kalpoor
	(ii) Name of HCF or CBMWTF	1	DR. Sandeep Kapooy HEALTH CITY HOSPITAL, GOMTI WALAR LIKE
	(iii) Address for Correspondence	1	NH-ACB/2, UDAY KHAND-Z GOMTINAGAR LL
	(iv) Address of Facility	:	
	(v)Tel. No, Fax. No	1	0522-2304177, 40636001/2364877
	(vi) E-mail ID	:	health city Lho @ gmail. Com
	(vii) URL of Website	1	lucknowhealtheity com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	1	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Authorisation No.: 4302 BMW - 1483 18 Valid upto: 31, 12, 2022
	(xi). Status of Consents under Water Act and	:	Valid upto:
	Air		31/12/2023
	Act		3(1/2/20-3
2	Type of Health Care Facility	1	
	(i) Bedded Hospital	1	No. of Beds: 100
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry	1	0915700012, 30/04/2023
3	Details of CBMWTF	;	_
	(i) Number of health care facilities covered by CBMWTF	÷	-
	(ii) No. of Beds covered by CBMWTF	1	
i.	(iii) Installed treatment and disposal capacity of CBMWTF;	1	Kg / day / NA
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	Kg / day
4	Quantity of waste generated or disposed in		Yellow Category:
	Kg per Annum (on monthly average basis)		Red Category: APPROX 240 KG ANNW
			White: 20 KG-PER DAY
			Blue Category:
			General Solid Waste:
5	Details of the Storage, Treatment, Transportat	ion, Pr	
	(i) Details of the on-site storage	1	Size:

	facility			Capacity:	114 10	98	
	7			Provision of on-site storage: (Cold storage of			
	(ii	Disassel College		any other pro	ovision)		
	(11)) Disposal facilities		Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treatedo disposed in kg per annum
				Incinerators	-		
				Plasma			
				Pyrolysis Autoclaves			//
				Microwave	-		/
				Hydroclave			<i></i>
				Shredder	-	-	
				Needle tip	-		
				cutter or			
				destroyer		1.1	
2				Sharps	1	9	
			1	Encapsulation	1		
				or concrete			
				pit			
				Deep burial			
				pits			
				Chemical disinfection:			
				Any other			
				treatment			
	(iii)	0		equipment:			
		Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum		Red Category (like plastic, glass, etc.)		.)	
	(iv)	No. of Vehicles used for collection and transportation of biomedical waste	: .				
	(v)	Details of incineration ash and ETP sludge generated and			Quantity	1 100000	ere
	disposed during the treatment of wastes in Kg per annum			100000000000000000000000000000000000000	Generat	ed disp	osed
			Incineration Ash		IA		
		e to a second		ETP Sludge		N.	
	(vi)	Name of the Common Bio-			Chr. Dr		
		Medical Waste Treatment Facility Operator through which wastes are disposed of	Y MANAGEMENT P		E MEDI UT. LT (WASTE). LECO	
	(vii)	List of member HCF not handed over bio-medical waste.			NIA		
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period				N/A		

	(i) Number of trainings conducted on BMW Management	
	(ii) Number of personnel trained	16
	(iii) Number of personnel trained at the time of induction	
	(iv) Number of personnel not undergone any training so far	48
	(v) Whether standard manual for training is available?	08
8	Details of the accident occurred during the year	425
	(i) Number of Accidents occurred	
	(ii) Number of persons affected	NDNE
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details	
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	
	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?	
1	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	
2 .	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the	ne period from
01 JAN 2021 +0	3) DEC 2021
	The factor of the control of the con
MARKET COLUMN TO STREET THE PARTY OF THE PAR	The state of the s
The state of the s	TO SECRET AND ADDRESS AND ADDR
THE RESIDENCE OF THE PARTY OF T	
The production of the state of	
	The state of the s
was and the property of the pr	The second secon

Name and Signature of the Head of the Institution

\$5/07, 12022 Luchrow

Place: