

Ivy Hospita

SUPER-SPECIALITY REALTHORNS Airport Road, Amritser 9988549494, 9988749494 CIN No.: U831109B2935PTC327293

ENVORONMENTAL ENGINEER PUNJAB POLLUTION CONTROL BOARD, AMRITSAR.

SUB: ANNUAL REPORT BIOMEDICAL WASTE

Respected Sir,

Ref is made to above that we are sending the annual report of Biomedical Waste for the year 2017. This is for your information and necessary action

For Ivy Health & Life Siciences(P)

sendos pesdoantes Amendes
Opcos office Amendes

Airport Road Amritsar

Form – IV (See rule13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January waste treatment facility (CBWTF)]

SI.			,
o Particulars			
. Particulars of the O	ccupier		<u> </u>
(i) Name of the author	Tised name	<u>:</u>	
(occupier or : operate	or of facility)		ano operations.
(ii) Name of HCF	or CRMWTE	_:	
		:	1VY health core Ltd.
(iii) Address for Co	rrespondence	 -	Wy hashitaal von-Hair
		•	rich-094, locatory VII
(iv) Address of Fac	ility		Rospina Good trapping
(-NT-1 N) P N			
(v)Tel. No, Fax. No		:	0183-5242000
(vi) E-mail ID		:	mas, lathligh yvighter, am
(vii) URL of			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Website			mes.latifeary
(viii) GPS coordina CBMWTF	tes of HCF or		
(ix) Ownership of I CBMWTF	ICF or	:	(State Government or Private of Semi Govt. or any other)
C A subbo	risation under the Bio-Medical	:	Authorisation 60 Bed No
(x). Status of Author	I II a ding Dules	:	
Waste (Managemen	it and Handling) Rules		valid up to [Sc/e/).
(vi) Status of Cons	ents under Water Act and Air	:	Valid up to:
			3/03/2021
Act) \ T
Type of Health Care		:	Multi Stackally Kestital
Facility		Ι΄.	
			No. of Beds:60
(i) Bedded Hospita]	<u> </u>	
i		:	•
(ii) Non-bedded hos	spitai		

	01	Clinic or Blood Bank or Clinical y esearch Institute Veterinary Hospital or ther) iii) License number and its date of expiry	0	r y		rutisfeciality hospital.
ļ	1	Details of			1	416AGRCTOA4333878
3.		CBMWTF		:	+	
	1	(i) Number healthcare facilities covere CBMWTF	ed ì	by :	-	
		(ii) No of beds covered by CBMWTF	_	 		
		(iii) Installed treatment and disposal capa of CBMWTF:	city		:	── Kg per day
	-	(iv) Quantity of biomedical waste treated or disposed	Γ		;	X_Kg/day
		by CBMWTF				1 1 1
4		Quantity of waste generated or disposed in	Kg	per	;	Red Category: 500 Kg
		annum (on monthly average basis)				White: 25 Kg
						Blue Category: 33/16
						General Solid waste: 7 oly
		transpor	tatio	on, pr	oce:	ssing and Disposal Facility
t	5	Details of the Storage, treatment, transpor				10
		(i) Details of the site storage :	\ \ \	Size 		: 10019 100
		(i) Details or		Capac	city	: 100kg/Ba
		facility	-			of on-site storage : (cold storage of
				any C	the	r provision)

	disposal facilities		-			
			Type of treatment equipment	No of unit s	Cap acit y Kg/ day	Quantity treatedo r disposed in kg per
			Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder			annum
			Needle tip cutter or destroyer Sharps encapsulation or		-	
			concrete pit Deep burial pits: Chemical disinfection: Any other treatment		-	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	equipment: Red Category (like plas	stic, gla	ass etc.)	
	(iv) No of vehicles used for collection and transportation of biomedical waste (v) Details of incineration ash and	:	1	ntity		/here isposed
	ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge	rated	<u>-</u>	<u></u>
	(vi) Name of the Common Bio-: Medical Waste Treatment Facility Operator through which wastes are		Amerikan Emui	lia(ora	
_	disposed of (vii) List of member HCF not handed over bio-medical waste.					
,	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period					
, -	Details trainings conducted on BMW (i) Number of trainings conducted on		20			

r	(ii) number of personnel trained (iii) number of personnel trained at the time of induction		
			E .
	(iv) number of personnel not undergone any training so far		50
	(v) whether standard manual for training is available?		Love
	(vi) any other information)	_	
	Details of the accident occurred during the year		Na
	(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.		
)_	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		
1	O Liquid waste generated and treatment methods in place. How many times you have not met the standards in a	,	
-	year? Is the disinfection method or sterilization meeting the log 4 standards? How many times you have		(Air Pollution Control Devices attached with the
	not met the standards in a year? 12 Any other relevant information		(Air Pollution Control Devices description Incinerator)

	Oal to 3/11 Documber 2018
Certified that the above report is for the period from	
**************************************	Name Hold Simulation of the Head of the Institution
	Super-Specialist Health & Life Sciences (P.) Ltd. Auport to

Date: 24-01-2018
Place Ambidrush.

Bi	o Medical wast	e for 2017 A						
	Bio Medical waste for 2017 Annual report							
Month	Yellow	Red						
January	207.26	A STATE OF THE STA	Blue Box	Sharp				
eburary		233.92	169.13	12.32				
	232.883	353.37	344.79	15.74				
March	650.84	352.59	221.57	9.36				
April	358.95	449.38	294.168	65.19				
MAy	280.144	420.645	316.462	33.75				
June	324.715	500.935	280.06	9.78				
July	365.6	454.68	326.555	20.715				
August	464.125	624.03	507.81	24.89				
September	494.855	670.59	356.135	24.24				
	442.955	608.656	385.96	52.79				
October		674.56	360.721	20.39				
November	530	660.6	411.47	16.05				
December	465.477		3974.831	305.215				
Total	4817.804	6003.95	3314.001					

IVY HOSPITAL
Super-Specialist Healthcare
Super-Specialist Health Strice Sciences (P.) Lld.
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