

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

PCB ID : 144729

Health Care Facility / CBWTF Name : Shanti Memorial Hospital

1	Year	2022
2	Type of Health Care Facility	Bedded Hospital Priv
3	Number of Beds	150
4	License Number and Date of Expiry of License	98144      31/12/20
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	544.25
7	Red Category	4.36
8	White Category	2.26
9	Blue Category	1.05
10	General Solid Waste	551.92

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

11	Details of the on-site storage facility	GENERATED, SEGEATED, BIOMEDICAL WASTE STORED IN COLOUR CODED BIOHAZARD
12	Treatment Facility	ADB,CDB,DNC,NEE,NCS,NDS
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment ( in kg / Year )	00
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	1
15	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in Kg / Year )	00
16	Name of the Common Bio-Medical Waste Treatment Facility Operator	Select Your CBWTF

	through which waste are disposed of	
17	Do you have bio-medical waste management committee ? If yes, minutes of the meetings held during the reporting period	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Details of Trainings conducted on Bio Medical Waste Management**

18	Number of Trainings conducted on BMW Management	1
19	Number of Personnel Trained	10
20	Number of Personnel Trained at the time of Induction	
21	Number of Personnel not undergone any Training so far	
22	Whether standard manual for Training is available ?	<input checked="" type="radio"/> Yes <input type="radio"/> No
23	Any other information	

**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 )	N.A
27	Any Fatality Occurred , details	
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 <input type="text" value="N.A"/>
29	Details of Continuous Online Emission Monitoring systems installed	N.A
30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	TREATED AND DISPOSED
31	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/>

	have not met the standards in a year ?	
32	Any other relevant information	NIL
		Update