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. | Particulars | |
|-----|---|---|
| 1. | Particulars of the Occupier | |
| | (i) Name of the authorised person (occupier or operator of facility) | Dr Prashanth.R Managing Director |
| | (ii) Name of HCF or CBMWTF | Specialist Health Systems Pvt ltd., |
| | (iii) Address for Correspondence : | 216, 7th Main, 80 feet road, 1st block, HRBR layout, Kalyan Nagar, Bangalore |
| | (iv) Address of Facility | 216, 7th Main, 80 feet road, 1st block, HRBR layout, Kalyan Nagar, Bangalore |
| | (v)Tel. No, Fax. No | 080-42122222 |
| | (vi) E-mail ID | drprashanth@specialisthospital.in |
| | (vii) URL of Website | www.specialisthospital.in |
| | (viii) GPS coordinates of HCF or CBMWTF | |
| | (ix) Ownership of HCF or CBMWTF(State Government or Private or Semi Govt. or any other) | Private |
| | (x). Status of Authorisation under the Bio-Medical Waste Management Rules | Authorisation valid up to : 30.09.2019 |
| | (xi). Status of Consents under Water Act and Air | Valid up to: 30.09.2019 |
| | Type of Health Care Facility | Multispecialty hospital |
| | (i) Bedded Hospitai | No. of Beds:120 |
| 2. | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | Clinic |
| | (iii) License number and its date of expiry | 10169 - AS-NH |
| | Details of CBMWTF | Medicare Environmental Management Pvt Ltd., |
| | (i) Number healthcare facilities covered by CBMWTF | NA , |
| | (ii) No of beds covered by CBMWTF | NA |
| | (iii) Installed treatment and disposal capacity of | |

| r | T con with | | | | | | |
|----|--|---|--------------|--|-----------|------------------------|--|
| | CBMWTF: | - | | | | | |
| | (iv) Quantity of biomedical waste treated or | | | | | | |
| | disposed | | | | | | |
| | by CBMWTF | | | | | | |
| 4. | Quantity of waste generated or disposed in | Yellow Categor | | Kgs | | | |
| | Kg per annum (on monthly average basis) | Red Category : | 1294 Kgs | | | | |
| | | White: 34 Kgs | | | | | |
| | | Blue Category : | 213 | | | | |
| | | General Solid w | | | | | |
| | 1 | Taken by corpo | | | | | |
| | | 300kg/day | | | | | |
| | | Joong day | | | | | |
| 5 | | Size : 1)42×32" | 2)42×32" | 3)42×32" | 1 | | |
| | (i) Details of the on-site storage | Size: 1)42×32" 2)42×32" 3)42×32" Capacity: | | | | | |
| | facility | Provision of on-site storage: | | | | | |
| | | | | 30, | | | |
| | * ************************************ | (cold storage or | | | | | |
| | 1 | any other provis | 1 | 1 - 1 | . V = /15 | Quantity | |
| | disposal facilities | Type of | No | Capacity | Kg/Day | Quantity Treated or | |
| | and the second s | treatment | of | | | Treated or | |
| | | equipment | units | | | disposed | |
| | * ** | | | | | in kg | |
| | | | 1 | | | Per | |
| | | 0.00 | 1 | | 4 | Annum | |
| | | Incinerators | - | 1 | 2 | | |
| | | Memerators | | İ | | | |
| | | | | | | | |
| | | Plasma | | | | | |
| | | 27 | | | | | |
| | | Pyrolysis | | | | | |
| | 0 | | | | | | |
| | | | | | | | |
| | J* 2, 4 | Autoclaves | 1. | | | 4.4 | |
| | | Microwave | when the | | | | |
| | | | | | | | |
| | | Hydroclave | | - | <u> </u> | | |
| | | | | | 1 | | |
| | | Shredder | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Needle tip | | | | | |
| | | | | | | | |
| | | cutter or | | | | | |
| | | destroyer | | - | | | |
| | | | | | | | |
| | | Sharps | | | | 1 | |
| | | encapsulation | 1 | | | | |
| | | or | | | | | |
| | | | | | | | |
| | | concrete pit | | = | | | |
| | | | | | | | |
| | | Deep burial | | | | | |
| | | nite | | | | | |
| | | pits: | | | | | |
| | | | | | | | |
| | | | | | | | |
| | ja | Chemical | | | | | |
| | | disinfection: | | | | | |
| | | Any other | | | | 22 | |
| | 35 | treatment | | | | 1 | |
| | | equipment: | | | V | | |
| | | Red Category (| like plastic | glass etc. |) | | |
| | (iii) Quantity of recyclable wastes | Neu Category (| into pidotic | , 8 | | | |

4. 7

| | sold to authorized recyclers after | | | | | |
|----|---|---|--|--|--|--|
| - | Treatment in kg per annum. | | | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | | | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | Quantity Where Disposed | | | | |
| | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | Medicare Environmental Management Pvt Ltd., "Ramky House", Site No.25-30, 2 nd cross, Raghavendranagar, Hennur Ring road, Kalyan Nagar, Bangalore-560043 | | | | |
| | (vii) 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 | • | | | | |
| , | Details trainings conducted on BMW | | | | | |
| 9 | (i) Number of trainings conducted on BMW Management. | 20 | | | | |
| | (ii) number of personnel trained | 150 | | | | |
| | (iii) number of personnel trained at the time of induction | 50 | | | | |
| | (iv) number of personnel not undergone any training so far | Nil | | | | |
| | (v) whether standard manual for Training is available? | Available . | | | | |
| | (vi) any other information) | | | | | |
| 8 | Details of the accident occurred during the year | Nil | | | | |
| | (i) Number of Accidents occurred | Nil | | | | |
| | (ii) Number of the persons affected (iii) Remedial Action taken (Please | Nil | | | | |
| | attach details if any) | Nil | | | | |
| | (iv) Any Fatality occurred, details. Are you meeting the standards of air | Nil | | | | |
|). | Pollution from the incinerator? How many times in last year could not met the standards? | | | | | |
| | Details of Continuous online emission monitoring systems installed | | | | | |
| 0 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | STP of 75 KLD | | | | |
| 1 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | Yes We are meeting the standards as per log 4 | | | | |
| 2 | Any other relevant information | (Air Pollution Control Devices attached with the | | | | |

| | Incinerator) | Incinerator) | | | | |
|---|-------------------------------------|--------------|--|--|--|--|
| Certified that the above report is for the per | iod from | | | | | |
| Jan'2018 to Dec'2018 | | | | | | |
| | | | | | | |
| | • | | | | | |
| | | | | | | |
| Name and Signature of the Head of the Insti | | | | | | |
| Date: Dr. Prasha Managing Spanialist Health S | anth. R. Director Systems Pvt. Ltd. | | | | | |