SEE (BMW) RSPCB, JAIPUR

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 | T | |
|------|---|-----|--|
| No. | | | * *** |
| 1. | Particulars of the Occupier | : | |
| | (i) Name of the authorised person (occupier or operator of facility) | : | Dr. Bharat Raypunchit |
| | (ii) Name of HCF or CBMWTF | (in | Shalby Hospitals |
| | (iii) Address for Correspondence | : | Sec-3, Chitrakoot Scheme, Noah, gandhi Path, Vaishali Nagan, Jei pur |
| | (iv) Address of Facility | | Jaipur |
| 1 | (v)Tel. No, Fax. No | : | 3057301410/9309393098 |
| | (vi) E-mail ID | : | Srmgr. Jaipur @ Chalby in |
| | (vii) URL of Website | | www. Sharby. Org |
| | (viii) GPS coordinates of HCF or CBMWTF | | |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) HCF (Private) |
| | (x). Status of Authorisation under the Bio-Medical | : | Authorisation No.: |
| . 44 | Waste (Management and Handling) Rules | | 19.05.2017valid up to 30/04/2022 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: |
| 2. | Type of Health Care Facility | : | MCF (Polivate Mospital (Bedded) No. of Beds: 240 |
| İ | (i) Bedded Hospital | : | No. of Beds: 2 40 |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | |
| 1/2 | (iii) License number and its date of expiry | | F(BNW) Jaipus/124(1)/2017-2018/1277-12- |
| 当 | Details of CBMWTF | : | |
| | (i) Number healthcare facilities covered by CBMWTF | : | |
| | (ii) No of beds covered by CBMWTF | : | _ |
| | (iii) Installed treatment and disposal capacity of CBMWTF | : | Kg per day |
| NO. | ا د د ایماری | | SHALBY LIMITED Sector-3, Chitrakoot, Jaipur-302021 (Raj.) |

| (iv) Quantity of biomedical waste treate | ed or d | lisposed | : | K | g/day | | |
|---|---------|-----------|----------|--------------|-----------|-------|--------------|
| by CBMWTF | 1 | 1/ | | | | | |
| 4. Quantity of waste generated or dispos | sed in | Kg per | .: | Yellow | | | 50 |
| annum (on monthly average basis) | | | | Red Cat | egory | | 50 |
| | | | | White: | | | 25 |
| | | | | Blue Ca | tegory: | | 25 |
| | | | | General | | | 50 . |
| 5 Details of the Storage, treatment, transp | ortatio | n, proces | sing a | nd Dispos | sal Facil | ıty | |
| (i) Details of the on-site storage | : | Size | : | 9×10 | > | | * |
| facility | | Capacit | у: | - 150 | 29 | | |
| | | Provisio | on of | on-site s | torage | : (co | d storage or |
| | | any othe | | | | | |
| (ii) Details of the treatment or | : | Type | of tre | atment | No | Cap | Quantity |
| disposal facilities | | | ment | | of | acit | treatedo |
| diopodii aremae | | | | | unit | у | r |
| | | | | | S | Kg/ | disposed |
| | | | | | | day | in kg |
| | 1 | 1. | | | | | per |
| | | | | | | | annum |
| | | Incin | erators | 3 | | | |
| | | Plasm | na Pyr | olysis | | | - 760 |
| | 18- | | claves | | | | A Section |
| | 15 | Micro | owave | | | | |
| | | Hydro | oclave | | | | |
| | | Shred | lder | | | | |
| | | Need | le tip o | cutter or | • | | 1 5 |
| | | destro | yer \ | | | | |
| | | Sharp | | | | | |
| - | | encap | sulatio | on or | | - | |
| | | | ete pit | | | | |
| * . | | Deep | burial | pits: | Cadin | m | lypo chlosel |
| | | Chem | | | Socar | - | 010 |
| | | | ection | | | | |
| | | | 1 7 | reatment | | | |
| | 7 | equip | ment: | (liles plant | ia alana | ato) | |
| (iii) Quantity of recyclable wastes | | Red Cat | | (like plast | ic, grass | cic.) | |
| sold to authorized recyclers after treatment in kg per annum. | | | Ni | 1 | | | |
| (iv) No of vehicles used for collection | : | | | | - , . | | |
| and transportation of biomedical | 1 | | Nil | | | | |
| waste | 100 | | - | | | | |
| (v) Details of incineration ash and | 1000 | | | Quant | | Whe | |
| ETP sludge generated and disposed | | | | genera | ited | disp | osed |

| | during the treatment of wastes in Kg per annum | . : | Incineration Ash Nèl ETP Sludge Nèl |
|-----|--|-----|--------------------------------------|
| : . | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | : | Instromedix Put Ud. |
| | (vii) List of member HCF not handed over bio-medical waste. | | NA |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | 785 |
| 7 | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | • | Ul |
| | (ii) number of personnel trained | | 14 |
| | (iii) number of personnel trained at the time of induction | | 10 |
| | (iv) number of personnel not undergone any training so far | | No |
| | (v) whether standard manual for training is available? | | Weekly |
| | (vi) any other information) | | <u> </u> |
| 8 | Details of the accident occurred during the year | | |
| - " | (i) Number of Accidents occurred | | |
| | (ii) Number of the persons affected | | |
| | (iii) Remedial Action taken (Please attach details if any) | | _ |
| . 1 | (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? | - | NA. |
| | Details of Continuous online emission monitoring systems installed | | NA |
| 10 | Liquid waste generated and treatment | | |
| | methods in place. How many times | | 104. Sodium Hypochlosite |
| | you have not met the standards in a year? | | 104. Sodium Hypochlosite treated. |
| 11 | Is the disinfection method or sterilization meeting the log 4 | | |

| | standards? How many times you have not met the standards in a year? | | _ |
|----|---|---|--|
| 12 | Any other relevant information | : | (Air Pollution Control Devices attached with the |
| | | | Incinerator) |

| Certifi | ed that the above report is for the per | iod from 0/0/2019 to 31/12/2019 |
|----------------|---|---|
| | | Dr. Bharcet Raypuralit Name and Signature of the Head of the Institution |
| Date. Place | 08/04/2020 Jaipus | SHALBY LIMITED Sector-3 Chitrakoot, Jaipur-302021 (Raj.) |

FORM – I [(See rule 4(0), 5(i) and 15 (2)]

ACCIDENT REPORTING

| 1. | Date and time of accident: Ni |
|-----|---|
| 2. | Type of Accident: |
| 3. | Sequence of events leading to accident: Ni |
| 4. | Has the Authority been informed immediately: Ni |
| 5. | The type of waste involved in accident: |
| 6. | Assessment of the effects of the accidents on human health and the environment: |
| 7. | Emergency measures taken: |
| 8. | Steps taken to alleviate the effects of accidents: |
| 9. | Steps taken to prevent the recurrence of such an accident: |
| 10. | Does you facility has an Emergency Control policy? If yes give details: |
| | |
| | Signature Purple Designation |