

दिनांक 10/06/2021

प्रति,

क्षेत्रीय कार्यालय

म प्र प्रदूषण नियंत्रण बोर्ड,

स्कीम न. 78/सी पार्ट -2, अरण्य नगर, विजय नगर इंदौर- 452010 (म. प्र.)

**विषय:** प्रतिउत्तर क्र. /317/ छेकाई. / प्र.नि.बो./ 2021, दिनांक- 27/01/2021 और क्र /201/ प्र. नि. बो. / HWMR/ 2021, दिनांक- 03/04/2021, संदर्भ मे जीव चिकित्सा अपशिष्ट प्रबंधन नियम 2016 के अंतर्गत वार्षिक प्रतिवेदन करने बावत।

उपरोक्त विषय के बारे में लेख है की उक्त नियमो के उपनियम -2013 के प्रावधान के अनुसार हमारे अस्पताल का जीव चिकित्सा अपशिष्ट का वार्षिक प्रतिवेदन (लाइसेंस न. AWHB-75705 & पीसीबी ID: 111901) का फार्म -4 ऑनलाइन के माध्यम से दिनांक 10/06/2021 को भर दिया गया है। जिसकी प्रतिलिपि संलग्न है।

अतः इस वार्षिक प्रतिवेदन फॉर्म- 4 व ऑनलाइन की प्रतिलिपि इस आवेदन के सात प्रस्तुत कर रहा हु। कृपया इसकी पावती देने का कष्ट करें।

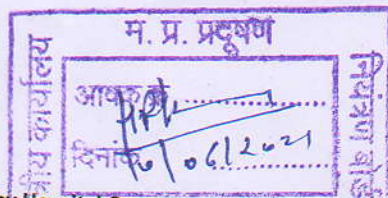
**दस्तावेज संलग्न :**

1. नोटिफिकेशन कॉपी क्र. /317/ छेकाई. / प्र.नि.बो./ 2021, दिनांक- 27/01/2021 और क्र /201/ प्र. नि. बो. / HWMR/ 2021, दिनांक- 03/04/2021
2. ऑनलाइन रिटर्न की प्रति
3. फॉर्म - 10 की प्रति और फार्म -04 की प्रति
4. ट्रेनिंग शीट की प्रति
5. कमेटी रिपोर्ट की कॉपी
6. इंसिडेंट रिपोर्ट की कॉपी



अस्पताल प्रशासनिक अधिकारी

शैलबी हॉस्पिटल, इंदौर (म. प्र.)-452003



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

PCB ID : 111901 Health Care Facility / CBWTF Name : Shalby Hospital Indore

1	Year	2020
2	Type of Health Care Facility	Bedded Hospital Private
3	Number of Beds	190
4	License Number and Date of Expiry of License	AWHB-75705 <span style="float: right;">28/02/2023</span>
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	1133
7	Red Category	374
8	White Category	20
9	Blue Category	244
10	General Solid Waste	1500

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

11	Details of the on-site storage facility	All color codes segregating & storing in our BMW area at Ground Floor, then it handed over to our
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12	Treatment Facility	AUC,ACT,CLE,DBN
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment ( in kg / Year )	0
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	01
15	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in Kg / Year )	0
16	Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Hoswin Incinerator Pvt. Ltd
17	Do you have bio-medical waste management committee ? If yes, minutes of the meetings held during the reporting period	<input checked="" type="radio"/> Yes <input type="radio"/> No quarterly MOM
<b>Details of Trainings conducted on Bio Medical Waste Management</b>		
18	Number of Trainings conducted on BMW Management	24
19	Number of Personnel Trained	288
20	Number of Personnel Trained at the time of Induction	200
21	Number of Personnel not undergone any Training so far	0
22	Whether standard manual for Training is available ?	<input checked="" type="radio"/> Yes <input type="radio"/> No

23	Any other information	Not Applicable
<b>Details of the accident occurred during the year</b>		
24	Number of Accident occurred	18
25	Number of the persons affected	18
26	Remedial Action taken ( details if any )	Yes
27	Any Fatality Occurred , details	NO
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	<input type="radio"/> Yes <input checked="" type="radio"/> No
29	Details of Continuous Online Emission Monitoring systems installed	Not Applicable
30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	00
31	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
32	Any other relevant information	Not Applicable

**Update**

**FORM-4**

**Financial Year : 2020 - 2021**  
 [See rules 6(5), 13(3), 16(6) and 20 (2)]

**Industry PCB ID :**

**FORM FOR FILING ANNUAL RETURNS  
 BY THE OCCUPIER OR OPERATOR OF FACILITY**

(To be submitted by occupier/operator of disposal facility to state pollution control Board/pollution control committee by 30<sup>th</sup> June of every year for the preceding period April 2020 to March 2021)

1	Name and address of the generator/operator of facility	:	SHALBY HOSPITAL, Part 5 R 6, R.S. Bhandari, Marg, Jangreewala sqn., Indore - 452003.
2	Authorization No. and date of issue	:	AWHB-75705, 28/02/2022 (Issue Date: 03/04/21)
3	Name of the authorized person and full address with telephone and fax number and e-mail address	:	Mr. Anoop Singh Chauhan, Shalby Hospital, 5 R 6, R.S. Bhandari Marg, Indore, Cont: 7049918801
4	Production during the year (product wise), wherever applicable	:	2020-2021.




**Part A. To be filled by hazardous waste generators**

1	Total quantity of waste generated category wise	Name of hazardous waste	Category	Authorized Qty (MT)	Generated Qty (MT)
		Spent oil	5.1	-	60 Lt.
2	Quantity dispatched	N.A.			
	(i) to disposal facility	N.A.			
	(ii) to recycler or co-processors or pre-processor	N.A.			
	(iii) others	N.A.			
3	Quantity storage in year 2019-20	N.A.			
4	Quantity utilized in-house, if any	N.A.			
5	Quantity in storage at the end of the year	N.A.			

**Part B. To be filled by Treatment, storage and disposal facility operators**

1	Total quantity received -	:	
2	Quantity in stock at the beginning of the year	:	

MANIFEST FOR HAZARDOUS AND OTHER WASTE (USED OIL)

1.	Sender's Name & Mailing Address : (including Phone No. and e-mail)	MIS SHALBY HOSPITAL Plot No. 5-1 Race Course Road R.S. BHANDARI MARI Indore
2.	Sender's authorisation No. :	AWHB 75705
3.	Manifest Document No. :	253
4.	Transporter's name and address : (including Phone No. and e-mail)	Aadichem Trade Pvt Ltd
5.	Type of vehicle :	(Truck/Tanker/Special Vehicle)
6.	Transporter's registration No. :	
7.	Vehicle registration No. :	MP09 44 9371
8.	Receiver's name and mailing address : (including Phone No. and e-mail)	Aadi Chemtrade Pvt. Ltd. Plot No. 404, Sector III, Industrial Area, PITHAMPUR Dist.-Dhar (M.P.) Ph.: 0731-4218481
9.	Receiver's authorisation No.	B-29016(1015) / 1(Reg.) / 09 / HWMD Dt. 05.01.2010
10.	Waste description :	5.1
11.	Total quantity No. of Containers	60 Litre m <sup>3</sup> or MT 1 Nos.
12.	Physical form	(Solid/Semi-Solid/Sludge/Oily/Tarry/Slurry/Liquid)
13.	Special handling instructions and additional information	Packed down Leak Proof
14.	Sender's Certificate	I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name are categorised, packed, marked, and labelled, and are in all respects in proper conditions for transport by road according to applicable national government regulations.
	Name and stamp : 	Signature : Month Day Year 22   21   2020
15.	Transporter acknowledgment of receipt of Wastes	12-21-2020
	Name and stamp : 	Signature : Month Day Year 12   21   2020
16.	Receiver's certification for receipt of hazardous and other waste	
	Name and stamp : 	Signature : Month Day Year 12   23   2020

- Copy-1 : White : To be forwarded by the sender to the State Pollution Control Board after signing all the seven copies.
- Copy-2 : Light Yellow : To be retained by sender after taking signature on it from the transporter and the rest of the five signed copies to be carried by the transporter.
- Copy-3 : Pink : To be retained by the receiver (actual user or treatment storage and disposal facility operator) after receiving the waste and the remaining four copies are to be duly signed by the receiver.
- Copy-4 : Orange : To be handed over to the transporter by the receiver by the receiver after accepting waste.
- Copy-5 : Green : To be sent by the receiver to the State Pollution Control Board.
- Copy-6 : Blue : To be sent by receiver to the sender.
- Copy-7 : Grey : To be sent by the receiver to the State Pollution Control Board of the sender in case the sender is in another State.