

प्रति

क्षेत्रीय कार्यालय

म.प्र. प्रदूषण नियंत्रण बोर्ड

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

दिनांक 18/06/2020

विषय : प्रतिउत्तर क्र./1288/ बी. एम. डब्ल्यू/2020 सन्दर्भ मे जीव चिकित्सा अपशिष्ट प्रबंधन नियम 2019 के अंतर्गत प्रतिवेदन जमा करने बाबाद ।

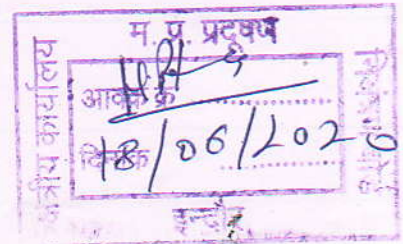
उपरोक्त विषय के बारे में लेख है की उक्त नियमो के उपनियम -2013 के प्रावधान के अनुसार हमारे अस्पताल का जीव चिकित्सा संस्थान का जीव चिकित्सा अपशिष्ट का वार्षिक प्रतिवेदन (लाइसेंस न. AWB-75705 & PCB ID : 111901) का फार्म-8 ऑनलाइन के माध्यम से दिनांक 16/06/2020 को भर दिया गया है । जिसकी प्रतिलिपि संलग्न है ।

अतः इस वार्षिक प्रतिवेदन फार्म-8 व ऑनलाइन की प्रतिलिपि इस आवेदन के साथ प्रस्तुत कर रहा हूँ। कृपया इसकी पावती देने का कष्ट करें।

दस्तावेज संलग्न :

- नोटिफिकेशन कॉपी क्र./1288/ बी. एम. डब्ल्यू/2020
- ऑनलाइन रिटर्न की प्रति
- फार्म-8 की प्रति
- ट्रेनिंग शीट की प्रति
- कमेटी रिपोर्ट की कॉपी
- इंसिडेंट रिपोर्ट की कॉपी

अस्पताल प्रशासनिक अधिकारी
शेल्बी हॉस्पिटल, इंदौर
(मध्यप्रदेश)



FORM 4

Financial Year: 2019-2020

[See rules 6(5), 13(8), 16(6), and 20(2)]

FORM FOR FILING ANNUAL RETURN

Industry PCB ID: 111901

1	Name and address of generator/operator of facility	:	Shalby Hospital Indore
2	Authorization No. and date of issue		AWHB-75705 [09/05/2020]
3	Name of authorized person and full address with telephone number, fax number and email id		Ritendra Singh Tomar Plot No. 5 & 6 Race Course Road R S Bhandari Marg Indore ,
4	Production during the year (product wise), wherever applicable		N A

Part A. To be filled by hazardous waste generators

1	Total quantity of waste generated category wise		
	Name of hazardous waste		SPENT OIL FROM DG SET
	Category		I-5.1
	Authorized Quantity (MTA)		0.1 MT
	Generated Quantity (MTA)		0.060MT
2	Quantity dispatched		
	i) To disposal facility		NIL
	ii) To recycler or co processors or pre-processor		NA
	iii) Others		NA
3	Quantity utilized in-house, if any		NA
4	Quantity in storage at the end of the year		0.06MT

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

1	Total quantity received	NA
2	Quantity in stock at the beginning of the year	NA
3	Quantity treated	NA
4	Quantity disposed in landfills as such and after treatment	NA
5	Quantity incinerated (if applicable)	NA
6	Quantity processed other than specified above	NA
7	Quantity in storage at the end of the year	NA

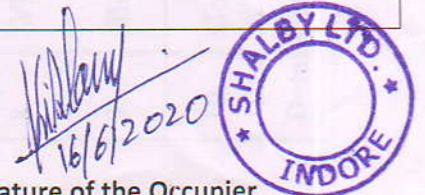
Part C. To be filled by recyclers or co-processors or other users

1	Quantity of waste received during the year	NA
	i) Domestic sources	NA
	ii) Imported (if applicable)	NA
2	Quantity in stock at the beginning of the year	NA
3	Quantity recycled or co-processed or used	NA
4	Quantity of products dispatched (wherever applicable)	NA
5	Quantity of waste generated	NA
6	Quantity of waste disposed	NA
7	Quantity re-exported (wherever applicable)	NA
8	Quantity in storage at the end of the year	NA

Place: INDORE

Date: 16/6/2020

Signature of the Occupier



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 2019
2	Type of Health Care Facility Bedded Hospital Private
3	Number of Beds 220
4	License Number and Date of Expiry of License AWB75705 28/02/2023
5	Do you have Captive Treatment Facility ? <input checked="" type="radio"/> Yes <input type="radio"/> No
Quantity of Waste Generated or Disposed in Kg per annum (on monthly average basis)	
6	Yellow Category 1045.94
7	Red Category 475.19
8	White Category 28.08
9	Blue Category 220.5
10	General Solid Waste 3000
Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	

11	Details of the on-site storage facility	All color codes segregation & Storing in our BMW area at Ground floor , then its handed over to our BMW
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
Details of Trainings conducted on Bio Medical Waste Management		
18	Number of Trainings conducted on BMW Management	12
19	Number of Personnel Trained	179
20	Number of Personnel Trained at the time of Induction	

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
Details of the accident occurred during the year		
24	Number of Accident occurred	11
25	Number of the persons affected	11
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	<input checked="" type="radio"/> Yes <input type="radio"/> No

	met the standards in a year ?	
32	Any other relevant information	Not Applicable
