

प्रति,

क्षेत्रीय कार्यालय

म प्र प्रदुषण नियंत्रण बोर्ड,

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

विषय: प्रतिउत्तर क्र. /433/ चेकाई. / प्र.नि.बो. / 2022, दिनांक- 09/02/2022 और क्र. 358/ प्र. नि. बो. / HWMR/ 2022,
दिनांक-08/04/2022, संदर्भ मे जीव चिकित्सा अपशिष्ट प्रबंधन नियम 2016 के अंतर्गत वार्षिक प्रतिवेदन करने-बावत।

उपरोक्त विषय के बारे में लेख है की उक्त नियमों के उपनियम -13 के प्रावधान के अनुसार हमारे अस्पताल का जीव चिकित्सा
अपशिष्ट का वार्षिक प्रतिवेदन (लाइसेंस न. AWHB-75705 & पीसीबी ID: 111901) का फॉर्म -4 ऑनलाइन के माध्यम से
दिनांक 26/04/22 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. /433/ चेकाई. / प्र.नि.बो. / 2022, दिनांक- 09/02/2022 और क्र. 358/ प्र. नि. बो. / HWMR/ 2022,
दिनांक- 08/04/2022
2. ऑनलाइन रिटर्न की प्रति
3. फॉर्म - 04 की प्रति
4. फॉर्म - 10 की प्रति
5. ट्रेनिंग शीट की प्रति
6. कमेटी रिपोर्ट की कॉपी
7. 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	2021
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 28/02/2023
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	1177.7
7	Red Category	536.4
8	White Category	34.1
9	Blue Category	255.1
10	General Solid Waste	1991.4



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

11	Details of the on-site storage facility
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All color codes segregating & sorting in our BMW area at Ground floor, then it handed over to our authorized

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
Details of Trainings conducted on Bio Medical Waste Management		
18	Number of Trainings conducted on BMW Management	22
19	Number of Personnel Trained	324
20	Number of Personnel Trained at the time of Induction	250
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	36
25	Number of the persons affected	36
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 checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No
32	Any other relevant information	Not applicable



FORM 4

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

FORM FOR FILING ANNUAL RETURNS

[To be submitted to State Pollution Control Board by 30th day of June of every year for the preceding period April to March]

1. Name and address of facility: **SHALBY HOSPITAL, Part 5 & 6, R.S Bhandari Marg, Near Janjirewala Sq., Indore - 452003.**
2. Authorisation No. and Date of issue: **AWHB-75705, 28/02/2023 (Issue Date: 03/04/21)**
3. Name of the authorised person and full address with telephone, fax number and e-mail: **Mr. DHANANJAY KUMAR MISHRA, SHALBY HOSPITAL INDORE, 70899097**
4. Production during the year (product wise), wherever applicable: **2021-2022.**

Part A. To be filled by hazardous waste generators

1. Total quantity of waste generated category wise: **Spent Oil, Cat. 5.1, Qty.: 0.040M**
2. Quantity dispatched
 - (i) to disposal facility **N.A.**
 - (ii) to recycler or co-processors or pre-processor **N.A.**
 - (iii) others **N.A.**
3. Quantity utilised in-house, if any - **N.A.**
4. 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 - **—**
3. Quantity treated - **—**
4. Quantity disposed in landfills as such and after treatment - **—**
5. Quantity incinerated (if applicable) - **—**
6. Quantity processed other than specified above - **—**
7. Quantity in storage at the end of the year - **—**

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

1. Quantity of waste received during the year - **—**
 - (i) domestic sources
 - (ii) imported (if applicable)
2. Quantity in stock at the beginning of the year - **—**

3. Quantity recycled or co-processed or used –
4. Quantity of products dispatched (wherever applicable) –
5. Quantity of waste generated -
6. Quantity of waste disposed -
7. Quantity re-exported (wherever applicable)-
8. Quantity in storage at the end of the year -



Signature of the Occupier
or
Operator of the disposal facility

Date.....

Place... *Indore*

A handwritten signature in black ink, consisting of a stylized letter 'D' followed by a long horizontal line that ends in a sharp upward-pointing hook.

Form 10 [See rule 19 (1)]

MANIFEST FOR HAZARDOUS AND OTHER WASTE.

1. Sender's Name and mailing address (including Phone No. and e-mail):
 Shalby Hospital Indore, Plot No. 5 & 6 Race Course
 Road R S Bhandari Marg Indore Indore
 (07316677600 srmgroups.indore@shalby.in)



2. Sender's Authorize No. 111901

3. Manifest Document No. 1800016569

4. Transporter's Name and mailing address (including Phone No. and e-mail):
 Kubu Logistics & Warehousing Solutions Pvt.Ltd.
 (9425910201/ satyamitragroup@satyamitragroup.org)

5. Type of Vehicle (Truck/Tanker/Special Vehicle)

6. Transporter's Registration No. 117026

7. Vehicle Registration No. MP09HF8623

8. Reciever's Name and mailing address (including Phone No. and e-mail):
 P2O Green Refinery LLP
 (9039900618/ ayush482@gmail.com)

9. Reciever's Authorize No. 26654

10. Waste Description. I - 5.1 ~ Used or Spent Oil

11. Total Quantity 0.040 MT

12. Physical Form (Solid/Semi-Solid/Sludge/Oily/Tarry/Slurry/Liquid)

13. Special handling instruction and additional information.

14. Sender's Certificate. I hereby declare that the content of the consignment are fully and accurately describe above by proper shipping name and are categorised, packed, Marked, and lablled, and are in all respects in proper conditions for transport by road according to applicable national government regulation.

Name of Stamp:	Signature:	Month	Day	Year
		06	07	2021



15. Transporter acknowledgment of receipt of Waste				
Name of Stamp:	Signature:	Month	Day	Year
		06	07	2021

16. Reciever's certificate for receipt of hazardous and other waste.				
Name of Stamp:	Signature:	Month	Day	Year