



**ANNUAL REPORT (2022)**

[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)]

Sr No:	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorized person :	DR.VIRENDRA CHAUHAN
	(ii) Name of HCF or CBWTF :	SHALBY LIMITED (MULTI -SPECIALTY CARE)
	(iii) Address for Correspondence :	NEAR NAVYUG COLLEGE, RANDEY ,ADJAN SURAT, ADAJAN, SURAT-, Dist: Surat, Tal: Surat City
	(iv) Address of Facility :	En-Cler Bio Medical Waste Pvt. Ltd. Centralized Bio-Medical Waste Treatment Facility,Gokul Nagger, Near Azad Nagar,Bhatar, Surat, Dist: SURAT-1
	(v) Tel. No, Fax. No :	9512049759
	(vi) E-mail ID :	CAO.SURAT@SHALBY.ORG
	(vii) URL or Website :	
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 21.0000, Long: 72.0000
	(ix) Ownership of HCF or CBWTF :	Private
	(x)Status of Authorization under BMW Rules:	Auth No: BMW-361127, Valid Upto: 5/25/2027
	(xi) Status of Consent under Water, Air Act :	Consent No: BAW-120914, Valid Upto: 5/25/2027

**Type of Health Care Facility**

2	(i) Bedded Hospital	200	
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	HOS-General Hospital	
2	(iii) License number and its date of expiry	25.05.2027	

**Quantity of waste generated or disposed in Kg per annum(on monthly average basis)**

4	(ii) Red Category	14005.1	
4	(iii) White Category	604	
4	(iv) Blue Category	2115.7	
4	(v) General Solid Waste	3.4	

**Details of the Storage, treatment, transportation, processing and Disposal Facility**

5	(ii) Treatment Facility	CHM-Chemical Disinfection (chemical treatment) , CUT-Cutting, MUT-Mutilation	
5	(iii) Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum.	25472.1	
5	(iv) No. of vehicles used for collection and transportation of biomedical waste	1	
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	En-Cler Bio Medical Waste Pvt. Ltd.	

**BMW management committee**

6	Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period	No.	na
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**Details trainings conducted on BMW**

7	(i) Number of trainings conducted on BMW Management	19	
7	(ii) Number of Personnel trained	265	



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7	(iii) Number of personnel trained at the time of induction	200	
7	(iv) Number of personnel not undergone any training so far	0	
7	(v) Whether standard manual for training is available	Yes	
<b>Details of the accident occurred during the year</b>			
8	(i) Number of Accident occurred	000	
8	(ii) Number of the persons affected	000	
9	<b>Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?</b>	No.	
10	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	000	
11	<b>Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?</b>	No.	
10	Bio-Medical waste generated for RED Category & Quantity	14005.1	
10	Bio-Medical waste generated for White Category & Quantity	604	
10	Bio-Medical waste generated for Blue Category & Quantity	2115.7	
15	Member of CBWTF ? if Yes Name of CBWTF And Validity of CBWTF Membership	En-Cler Bio Medical Waste Pvt. Ltd.	

**Certified that the above report is for the period from**

**Date:**

**Place:**

**Name and Sign of The Head of HCF**

*Sukendra*

**DR.VIRENDRA CHAUHAN**