

12.01.2024

To
Environmental Officer,
City East,
Karnataka State Pollution Control Board,
Thimmaiah Road,
Rajajinagar,
Bangalore-560027

Respected Sir,

Sub: Submission of Biomedical waste Annual returns for the year - 2023

With reference to the above subject, we are hereby submitting the biomedical waste report from JAN-2023 TO DEC-2023 through from no.IV as by the healthcare facility. Kindly accept the same and do the needful

For HEALTHCARE GLOBAL ENTERPRISES LIMITED

12/1/24
Healthcare Global Enterprises Limited
AUTHORIZED SIGNATURE
HCG Towers
No. 8, P. Kalinga Rao Road
Sampangram Nagar
Bangalore - 560027.



Encl :-

- 1.From No IV
- 2.MOM of the BMW Committee meeting

HealthCare Global Enterprises Ltd.

HCG Tower # 8, P. Kalinga Rao Road, Sampangi Ram Nagar, Bangalore - 560 027

91 80 4020 6000 | info@hcgoncology.com | www.hcgoncology.com | CIN : U15200KA1998PLC023489

Ahmedabad | Banda | Bhavnagar | Chennai | Cuttack | Delhi | Gulbarga | Hubli | Kanpur | Kenya | Mangalore | Mumbai | Mysore | Nasik | Ongole | Ranchi | Shimoga | Tanzania | Trichy | Vijayawada | Vizag

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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Mr. Chaharangaiah. K Manager Houselceyirey
	(ii) Name of HCF or CBMWTF	:	Health care Erloble Centre private LTD
	(iii) Address for Correspondence	:	#8 P Kalinga Road S.P. Nagar Bangalore - 560027
	(iv) Address of Facility	:	
	(v) Tel. No, Fax. No	:	080 40206000
	(vi) E-mail ID	:	101271@HCEL.COM
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: KSPCB/RSFO/BNH-CITY/BMW ..1.2.1.3.6.2...valid up to ...3.2.29, 2030
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:..... 250
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	MOU with MARSDI
	(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

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	cytotoxic yellow - 3196.84 Yellow Category : 17705.12 Red Category : 18425.09 White: 1824.61 Blue Category : 8778.60 General Solid waste: 1,10,000																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : Capacity : Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer			-	Sharps encapsulation or concrete pit			-	Deep burial pits:				Chemical disinfection:			-	Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	MOU with MARIDI																																																
	(v) Details of incineration ash and ETP sludge generated and disposed	:	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed																																														
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	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge 300 RAKBSEY
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	
	(vii) List of member HCF not handed over bio-medical waste.	
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	200
	(ii) number of personnel trained	300
	(iii) number of personnel trained at the time of induction	150
	(iv) number of personnel not undergone any training so far	
	(v) whether standard manual for training is available?	YES
	(vi) any other information)	
8	Details of the accident occurred during the year	- NO -
	(i) Number of Accidents occurred	- NO -
	(ii) Number of the persons affected	- NO -
	(iii) Remedial Action taken (Please attach details if any)	
	(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	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	YES - Nil -
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)

Certified that the above report is for the period from

..... JAN - 2023 — DEC - 2023

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Name and Signature of the Head of the Institution

Date: 12-01-2024
Place: BANGALORE

[Signature]
Healthcare Global Enterprises Limited
HCG Towers
No. 8, P. Kalanga Rao Road
Sampangirasi Nagar
Bangalore - 560027.