INDUS HOSPITAL 3B2 MOHALI BED CAPACITY 30

BMW ANNUAL DATA (JAN 2021 TO DEC 2021)

Month	Red	Yellow	Blue	White
JAN	88.941	96.696	31.188	0
FEB	97.736	89.888	29.664	0
MARCH	188.086	123.126	76.854	1.788
APRIL	196.107	146.123	69.986	0
MAY	196.107	157.049	63.87	1.938
JUNE	165.81	157.887	50.086	0.798
JULY	203.248	157.079	47.402	0.598
AUG.	143.063	194.735	36.39	0
SEPT.	145.951	126.935	59.728	0
OCT.	107.823	77.678	19.678	0
NOV.	122.952	91.823	51.355	0
DEC.	143.063	91.823	91.823	0
TOTAL	1798.887	1510.842	628.024	5.122
eventury with an or				20.10.

For Indus Healthcare, 3B2

Unit Head





Punjab Pollution Control Baard Plot No.55, Phase-II, OPP. Bassi theatre Mohali

Subject: - Submission of Annua Report.
Reported Sir/Mam,

This is twith scaference to the Submission afthe Annual Pepost of the Medical wave please. Accept the abached eceposed of the hospital. Indus Hospital 382, Monali and Report is from January doll to December 2021, In case of any query, Please Coulact with Miss. KIRAN 9874858862.

Monali 0172-4222000

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Racel Suchitations

INDUS HOSPITAL

(A unit of Indus Healthcare Services Pvt. Ltd.)

SCF 98-100, Phase-3B2, MOHALI Punjab (India) 160059, Tel: 0172 4222000-01

24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in

NOT VALID FOR MEDICO-LEGAL PURPOSES

IH-019



NA B H

To

Punjab Pollution Cantool Board
PLOT NO.55. Phase II. OPP Bassi Shedre.
Mohali.

Subject: - Submission of Annual report

This is with suspect reference to the Submission of the Annual support of the federal waste. Phease accept the attached support of the hospital Indus
Hospital 3BD Mohali. This support is from January 2021
to December 2001. In case of any query Please contact with

Fralus Hospital 350.

Hohale

072-422200

LOGIN 10/6/2

INDUS HOSPITAL

(A unit of Indus Healthcare Services Pvt. Ltd.)
SCF 98-100, Phase-3B2, MOHALI Punjab (India) 160059, Tel: 0172 4222000 01

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. Particulars	-ale facility (HCF) or common
No.	
1. Particulars of the Occupier	
Name of the	
operator of facility)	
Dr. Country)	DR ACHIN SHARHA
	I PI TICHIN SHAKAT
(ii) Name of HCF or CBMWTF	
(iii) Address for Correspondence	1. 1
(iv) Add	I Indus Holalat
(14) Address of Facility	1. 1000 00 Juliu
(y)Tel. No, Fax. No	
(VI) E-mail ID	10 100 UTANIA OA
(vii) URL of Website	1010 4000
(viii) GPS	William and white from
(viii) GPS coordinates of HCF or CBMWTF	1 William Control
(ix) Ownership of HCF or CBMWTF	I TOUR MOUNTAIN
or CDMWTF	
(x). Status of Authorisation	State Government
(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	
Rules	: Authorisation (1)
(xi). Status of Cor	Romaria 1.1 offw
(xi). Status of Consents under Water Act and Air	Ronowel Sas Dose 737
Type of Harting	· Valid up to: Valid up to 31.
Type of Health Care Earth	NA TH
(1) Bedded Hospital	: Did I
I (ti) Non-1	No of PVI HOSPILIT
Joedded Hospital	
(Clinic or Blood B	No. of Beds:
(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any (iii) License number and its data of	10. of Beds:
(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any (iii) License number and its data of	NA AU
(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry	30
(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry	NA AU
(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry Details of CBMWTF (i) Number healthcare facilities covered by	NA AU
(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry Details of CBMWTF (i) Number healthcare facilities covered by	NA NA
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(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry Details of CBMWTF (i) Number healthcare facilities covered by: (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity of: (iv) Quantity of biomedical waste treated or disposed by CBMWTF: (iv) Quantity of waste generated or disposed in Kg per Quantity of waste generated or disposed in Kg per Punnum (on monthly average basis) Etails of the Storage, treatment, transportation, processing and on-site storage : Size:	Kg/day Kg/day Yellow Category: 1316.07 Red Category: 1333.05
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(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry Details of CBMWTF (i) Number healthcare facilities covered by: (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity of: (iv) Quantity of biomedical waste treated or disposed by CBMWTF: (iv) Quantity of waste generated or disposed in Kg per Quantity of waste generated or disposed in Kg per Punnum (on monthly average basis) Etails of the Storage, treatment, transportation, processing and on-site storage : Size:	Kg/day Kg/day Yellow Category 216.07 Red Category 33.03 White: 38.43 Blue Category : 28.133 Disposal Facility

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	Details trainings		
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	on RMW M	d 00-60	
	(II) number c	15-80 (we conduct of the	. 4 0.
	(iii) number of personnel trained the time of induction	Continue	N
	the time of induction	1 1 Landing Land	no I Nhi
	(iv) number of personnel not undergone any training so far		and a Of NA
	(v) whether stee 1	I NA	TOTAL TIME
	training is available?		
ر	I (VII any other -	1 Hes	
•	The state of the s	111	
	during the year	NA)	
	(i) Number of Accidents occurred	LNA	
	(ii) Number of the persons affected	BUR	
	(iii) Remedial Action taken (Please attach details if any)	NA	
	(iv) Any Fatalia	NA	
9	(iv) Any Fatality occurred, details. Are you meeting the	N	
	Pollution from the standards of air		
	many times in last		
-	the standardes could not met	INA	
	Details of Continu		
10	monitoring systems installed		
		NA	
	methods in place. How many times		
	year?		
11	Is the dising :	4	
11	sterilization meeting the log 4	Ros	
	standards? How	MI MANA	
12	not met the standards in a year?	I'm be med you	King to the contribution of
1.1	reicvant information	throlan.	
	: (2	Air Pollution Control Devices attached with the	
	In	ncinerator) Devices attached with the	
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	that the above report is for the period from		
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		of the deciding a second of the Court Cour	

Art Samuella

BMW Collection Report [Client/sub centre] [year -wise]

RAINBOW ENVIRONMENTS

Bed capacity: 30 client/sub centre code: 010111452

Client/Sub Centre Name: Indus hospital

DATE JAN 2021 TO DEC 2021

		yellow	Total Control	Red		Blue		White		Others		Total	
S.NO	Year	Bags	Wt _{3,1}	Bags	wt	Bags	wt.	Bags	wt	Bags	wt	Bags	wt
1	2021	644	1216.07	792	1223.5	62	385.135	22	28.431	0	0	1520	2853.136
	2021	644	1216.07	792	1223.5	62	385.135	22	28.431	0	0	1520	2853.136



No. 951

PUNJAB POLLUTION CONTROL BOARD

ਪੰਜਾਬ ਪ੍ਰਦੂਸ਼ਣ ਰੋਕਥਾਮ ਬੋਰਡ

Dated: 13.05.2022

To

INDUS HOSPITAL, SCF. 98-100, PHASE 3B2, MOHALI,

Sub:

Furnishing of Annual report under the provisions of Bio Medical Waste Management Rules, 2016 for the period 01.01.2021 to 31.12.2021.

It is intimated that as per Rule 13(1) of the Bio-Medical Waste Management Rules, 2016, every occupier or operator of common bio-medical waste treatment facility shall submit an annual report to the prescribed authority in Form-IV, on or before the 30th June of every year. Hence, it is required to submit annual report in form IV to the Board.

It is, therefore, requested to submit annual report under the provisions of Bio-Medical Waste Management Rules, 2016 in form IV immediately so that the complied report may be sent to Head Office Patiala for further necessary action.

DA/Form IV

Environmental Engineer





TO,

THE PUNJAB POLLUTION CONTROL BOARD
PLOT NO -55 PHASE 2 OPPOSITE BASSI THEATRE
MOHALI

SUB – SUBMISSION OF ANNUAL REPORT

RESPECTED SIR/ MA'AM

THIS IS WITH THE REFERENCE TO THE SUBMISSION OF ANNUAL REPORT OF BIOMEDICAL WASTE .PLEASE ACCEPT THE ATTACHED REPORT OF INDUS HOSPITAL SCF 98-100 PHASE 3B2 MOHALI.THIS REPORT IS FROM JAN 2020 TO DEC 2020 .IN CASE OF ANY QUARY CONTACT WITH MINAKSHI DEVI (ICN) : 9876730858 .

Icn3b2@indushealthcare.in

With Regards

Indus Hospital

Phase 3b2 Mohali.

Contact no -: 0172-4222000

	Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder
	Needle tip cutter or destroyer - Sharps encapsulation or concrete pit Deep burial pits: Chemical
(iii) Quantity of recyclable wastes : sold to authorized recyclers after treatment in kg per annum. (iv) No of vehicles used for collection :	disinfection: Any other treatment equipment: Red Category (like plastic, glass etc.)
and transportation of biomedical waste (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Quantity Where generated disposed Incineration Ash ETP Sludge
vi) Name of the Common Bio-: Medical Waste Treatment Facility Operator through which wastes are disposed of vii) List of member HCF not handed	Rainbow chrisconners PV
over bio-medical waste. Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held uring the reporting period.	Jes.