

TO

PUNJAB POLLUTION CONTROL BOARD,
PLOT NO-55, PHASE - II,
OPP. BORSI THEATRE,
MOHALI.

SUBJECT :- SUBMISSION OF ANNUAL REPORT

RESPECTED SIR/MAM,

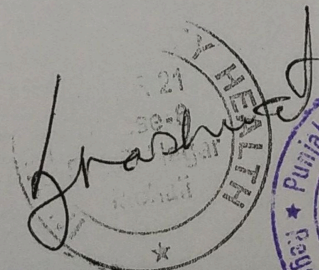
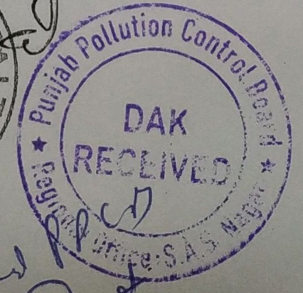
This is with reference to the submission of Annual report of the medical waste.

Please accept the attached report of hospital "INDUS HYGIEA" Phase-6 Mohali.

In case any query, Plz contact with MS. MADHAVI RANA (ICN).

THANKS

INDUS HYGIEA
PHASE-6
MOHALI



20/5/22

INDUS HYGIEA PHASE -6 MOHALI

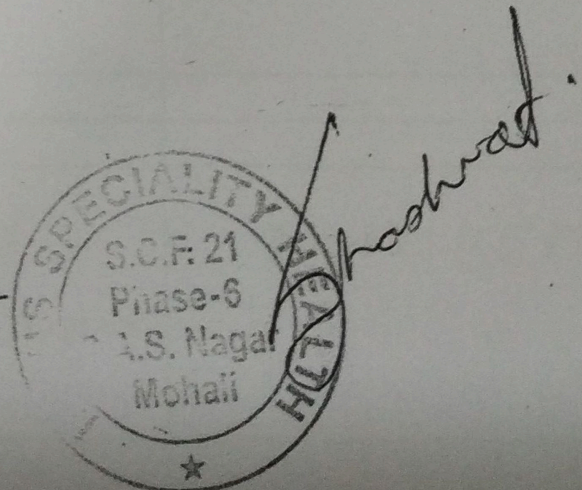
BMW MONTH OF

JAN 21 TO DEC 21

MONTHS		YELLOW (KG)	CARDBOARD BOX	SHARPS (KG)
Jan-21	2.47	3.126		
Feb-21	1.548	1.89		
Mar-21	1.578	1.256		
Apr-21	2.666	4.431	1.756	0.836
May-21	2.439	1.728		
Jun-21	1.441	1.839	0.128	
Jul-21	1.644	2.244		
Aug-21	3.126	3.3106		
Sep-21	3.37	1.758	0.23	
Oct-21	6.043	4.393		
Nov-21	2.912	3.418		
Dec-21	4.864	4.053		
TOTAL	34.101	3,34,466	2,114	0.836

Madhavi
ICN

MADHAVI RANA
(INFECTION CONTROL
NURSE)



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 SHASHWAT SOOD
	(ii) Name of HCF or CBMWTF	INDUS HYGIEA PHASE -6 MOHALU
	(iii) Address for Correspondence :	SCF-21 PHASE-6
	(iv) Address of Facility	P.No - 01725022666
	(v) Tel. No, Fax. No	
	(vi) E-mail ID	
	(vii) URL of Website	
	(viii) GPS coordinates of HCF or CBMWTF	WWW.INDUS HOSPITAL.IN
	(ix) Ownership of HCF or CBMWTF (State Government or Private or Semi Govt. or any other)	PRIVATE
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	RULES 2016
	(xi). Status of Consents under Water Act and Air Act	
	2.	Type of Health Care Facility
(i) Bedded Hospital		
(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		NON BEDDED HOSPITAL
	(iii) License number and its date of expiry	
3.	Details of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	NA
	(ii) No of beds covered by CBMWTF	NA
	(iii) Installed treatment and disposal capacity of	NA

	CBMWTF:	
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	NA
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	YELLOW: 3,34,466 kg RED : 34.101 kg WHITE : 0.836 kg BLUE : 2.114 kg

5	(i) Details of the on-site storage facility	
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disposal facilities			

	(iii) Quantity of recyclable wastes	
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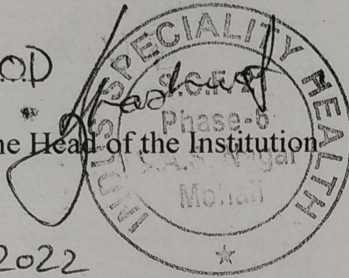
	sold to authorized recyclers after Treatment in kg per annum.	
	(iv) No of vehicles used for collection and transportation of biomedical waste	NIL
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	RAINBOW ENVIRONMENT PVT Ltd (MOHALI)
	(vii) List of member HCF not handed Over bio-medical waste.	NA
6	Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period	YES
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	EVERY MONTH
	(ii) number of personnel trained	APPROX 12 EMPLOYEE
	(iii) number of personnel trained at the time of induction	APPROX 2-3 EMPLOYEE EVERY MONTH
	(iv) number of personnel not undergone any training so far	NO
	(v) whether standard manual for Training is available?	YES
	(vi) any other information	NA
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	
	(ii) Number of the persons affected	
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details.	NA
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	NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	NA
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	YES PRESENT
12	Any other relevant information	NO

Certified that the above report is for the period from

1-01-2021 To 31-12-2021

SHASHWAT SOOD

Name and Signature of the Head of the Institution



Date: 20-5-2022

Place MOHALI