

## Annual Returns form for Health Care Facilities / Common Bio-medical Waste Treatment and Disposal Facility (CBWTF)

**PCB ID : 112513 Health Care Facility / CBWTF Name : Indira IVF Hospital PVT LTD.**

1	Year	<input type="text" value="2020"/>
2	Type of Health Care Facility	<input type="text" value="Bedded Hospital Priv"/>
3	Number of Beds	<input type="text" value="5"/>
4	License Number and Date of Expiry of License	<input type="text" value="AWHB-72323"/> <input type="text" value="31/01/20"/>
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	<input type="text" value="16.78"/>
7	Red Category	<input type="text" value="28.54"/>
8	White Category	<input type="text" value="3.53"/>
9	Blue Category	<input type="text" value="14"/>
10	General Solid Waste	<input type="text" value="35.0"/>

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

11	Details of the on-site storage facility	<input type="text"/>
12	Treatment Facility	<input type="text"/>
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment ( in kg / Year )	<input type="text"/>
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	<input type="text"/>
15	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in Kg / Year )	<input type="text"/>
16	Name of the Common Bio-Medical Waste Treatment Facility Operator	<input type="text" value="Hoswin Incinerator Pvt. ltd"/>

	through which waste are disposed of	
17	Do you have bio-medical waste management committee ? If yes, minutes of the meetings held during the reporting period	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/>
<b>Details of Trainings conducted on Bio Medical Waste Management</b>		
18	Number of Trainings conducted on BMW Management	<input type="text"/>
19	Number of Personnel Trained	<input type="text"/>
20	Number of Personnel Trained at the time of Induction	<input type="text"/>
21	Number of Personnel not undergone any Training so far	<input type="text"/>
22	Whether standard manual for Training is available ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
23	Any other information	<input type="text"/>
<b>Details of the accident occurred during the year</b>		
24	Number of Accident occurred	<input type="text"/>
25	Number of the persons affected	<input type="text"/>
26	Remedial Action taken ( details if any )	<input type="text"/>
27	Any Fatality Occurred , details	<input type="text"/>
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/>
29	Details of Continuous Online Emission Monitoring systems installed	<input type="text"/>
30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	<input type="text"/>
31	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/>

	have not met the standards in a year ?	
32	Any other relevant information	<input type="text"/>
<b>Update</b>		