

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

PCB ID : 122921

Health Care Facility / CBWTF Name : Indira Ivf Clinic

1	Year	<input type="text" value="2021"/>
2	Type of Health Care Facility	<input type="text" value="Non - Bedded"/>
3	Number of Beds	<input type="text" value="0"/>
4	License Number and Date of Expiry of License	<input type="text" value="B-62821"/> <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="8.0"/>
7	Red Category	<input type="text" value="11.0"/>
8	White Category	<input type="text" value="6.0"/>
9	Blue Category	<input type="text" value="2.0"/>
10	General Solid Waste	<input type="text" value="15.0"/>

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

11	Details of the on-site storage facility	<input type="text" value="STORAGE AREA"/>
12	Treatment Facility	<input type="text" value="---"/>
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment (in kg / Year)	<input type="text" value="0"/>
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	<input type="text" value="1"/>
15	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in Kg / Year)	<input type="text" value="0"/>
16	Name of the Common Bio-Medical Waste Treatment Facility Operator	<input type="text" value="Elite Engineers"/>

	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"/>
Details of Trainings conducted on Bio Medical Waste Management		
18	Number of Trainings conducted on BMW Management	<input type="text" value="2"/>
19	Number of Personnel Trained	<input type="text" value="2"/>
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" value="0"/>
22	Whether standard manual for Training is available ?	<input checked="" type="radio"/> Yes <input type="radio"/> No
23	Any other information	<input type="text" value="NO"/>
Details of the accident occurred during the year		
24	Number of Accident occurred	<input type="text" value="0"/>
25	Number of the persons affected	<input type="text" value="0"/>
26	Remedial Action taken (details if any)	<input type="text" value="NA"/>
27	Any Fatality Occurred , details	<input type="text" value="NO"/>
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text"/>
29	Details of Continuous Online Emission Monitoring systems installed	<input type="text" value="NA"/>
30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	<input type="text" value="NA"/>
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" value="NA"/>

	have not met the standards in a year ?	
32	Any other relevant information	<div>NO</div>
<div>Update</div>		