

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


PCB ID : 126349
Health Care Facility / CBWTF Name : Indira Ivf Clinic (A Unit Of Indira Ivf Hospital Pvt Ltd.)



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|---|--|---|
| 1 | Year | 2022 ▼ |
| 2 | Type of Health Care Facility | Non - Bedded ▼ |
| 3 | Number of Beds | 0 |
| 4 | License Number and Date of Expiry of License | B-72456 18/11/20 |
| 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 | 5.56 |
| 7 | Red Category | 1.36 |
| 8 | White Category | 0.09 |
| 9 | Blue Category | 0.17 |
| 10 | General Solid Waste | 5.94 |

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

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| 11 | Details of the on-site storage facility | We have a seprate are to store BMW storage in covered bins as per BMW  |
| 12 | Treatment Facility | CHM |
| 13 | Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment (in kg / Year) | 0 |
| 14 | Number of Vehicles used for Collection and Transportation of Biomedical Waste | 1 |
| 15 | Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in Kg / Year) | 0 |

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| 16 | Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of | Select Your CBWTF  |
| 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 <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">We don't have biomedical waste management </div> |
| Details of Trainings conducted on Bio Medical Waste Management | | |
| 18 | Number of Trainings conducted on BMW Management | 4 |
| 19 | Number of Personnel Trained | 6 |
| 20 | Number of Personnel Trained at the time of Induction | |
| 21 | Number of Personnel not undergone any Training so far | 0 |
| 22 | Whether standard manual for Training is available ? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 23 | Any other information | NA |
| Details of the accident occurred during the year | | |
| 24 | Number of Accident occurred | 0 |
| 25 | Number of the persons affected | 0 |
| 26 | Remedial Action taken (details if any) | NA |
| 27 | Any Fatality Occurred , details | 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 type="radio"/> Yes <input checked="" type="radio"/> No <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">NOT APPLICABLE</div> |
| 29 | Details of Continuous Online Emission Monitoring systems installed | NA |
| 30 | Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year | NA |
| 31 | Is the disinfection method or sterilization meeting the log 4 | <input type="radio"/> Yes <input checked="" type="radio"/> No <div style="border: 1px solid #ccc; padding: 2px; display: inline-block;">NOT APPLICABLE</div> |

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|-------------------|---|---------------|
| | standards ? How many times you have not met the standards in a year ? | |
| 32 | Any other relevant information | <div>NA</div> |
| <div>Update</div> | | |