

Annual Returns form for Health Care Facilities / Common Bio-medical Waste Treatment and Disposal Facility (CBWTF)		
PCB ID : 142024 Health Care Facility / CBWTF Name : Indira IVF Clinic (a unit of indira IVF Hospital pvt.Ltd.)		
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-62821 31/01/2034
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	8.0
7	Red Category	11.0
8	White Category	6.0
9	Blue Category	2.0
10	General Solid Waste	15.0
Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
11	Details of the on-site storage facility	WE HAVE SEPERATE BMW STORAGE AREA IN OUR CENTER.
12	Treatment Facility	DAC
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
16	Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Elite Engineers
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
Details of Trainings conducted on Bio Medical Waste Management		
18	Number of Trainings conducted on BMW Management	2
19	Number of Personnel Trained	8
20	Number of Personnel Trained at the time of Induction	8

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	NO
<b>Details of the accident occurred during the year</b>		
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 )	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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="text"/>
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	<input type="text" value="NA"/>
31	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/>
32	Any other relevant information	NA
Save		