



**ANNUAL REPORT (2016)**

[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)]

Sr No:	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorized person :	Medical Superintendent
	(ii) Name of HCF or CBWTF :	Pandit Deen Dayal Upadhyay Hospital
	(iii) Address for Correspondence :	HOSPITAL CHAWK, JAMNAGAR ROAD, RAJKOT, Rajkot-360001, Dist: Rajkot, Tal: Rajkot
	(iv) Address of Facility :	Distromed Bio Clean Pvt. Ltd. Kuvadwa GIDC, Plot No. 272/273,,Ahmedabad-Rajkot National Highway, Kuvadwa, Dist: RAJKOT-360002
	(v) Tel. No, Fax. No :	9898257595
	(vi) E-mail ID :	
	(vii) URL or Website :	
	(viii) GPS coordinates of HCF or CBWTF:	Leti: , Long:
	(ix) Ownership of HCF or CBWTF :	Govt Gnrl Hospital
	(x) Status of Authorization under BMW Rules:	Auth No: BMW-324252, Valid Upto: 5/22/2018
	(xi) Status of Consent under Water, Air Act :	Consent No: , Valid Upto: 1/1/1900

**Type of Health Care Facility**

2	(i) Bedded Hospital	850	
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	HOS-General Hospital	
2	(iii) License number and its date of expiry	BMW-324252, 22/05/2018	

**Quantity of waste generated or disposed in Kg per annum (on monthly average basis)**

4	(i) Yellow Category	75429.00	
4	(ii) Red Category	48541.00	
4	(iii) White Category	1897.00	
4	(iv) Blue Category	13424.00	

**Details of the Storage, treatment, transportation, processing and Disposal Facility**

5	(i) Details of the on-site storage facility	BMW COLLECTED AND STORAGE AS PER BMW RULES-2016	
5	(ii) Treatment Facility	CHM-Chemical Disinfection (chemical treatment) , CUT-Cutting	
5	(iv) No. of vehicles used for collection and transportation of biomedical waste	1	
5	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	N.A.	
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Distromed Bio Clean Pvt. Ltd.	

**BMW management committee**

6	Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period	Yes	Documentation Maintained
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**Details trainings conducted on BMW**

7	(i) Number of trainings conducted on BMW Management	12	
7	(ii) Number of Personnel trained	334	



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7	(iii) Number of personnel trained at the time of induction	90	
7	(iv) Number of personnel not undergone any training so far	0	
7	(v) Whether standard manual for training is available	Yes	
7	(vi) Any other information	No	

**Details of the accident occurred during the year**

8	(i) Number of Accident occurred	0	
8	(ii) Number of the persons affected	0	
8	(iii) Remedial Action taken (Please attach details if any)	N.A.	
8	(iv) any Fatality Occurred, details	N.A.	

9	<b>Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standards?</b>	No.	N.A.
9	Details of Continuous online emission monitoring systems installed	N.A.	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year	0	
11	<b>Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?</b>	No.	N.A.
12	Any other relevant information	No	

**Certified that the above report is for the period from**

**Date:**

**Place:**

**Name and Sign of The Head of HCF**

Medical Superintendent