



ANNUAL REPORT

[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 :	Dr Vinod Arora
	(ii) Name of HCF or CBWTF :	Medi Sqaure Hospital Indore
	(iii) Address for Correspondence :	9 Vishnupuri Indore, , Indore-452001, Dist: Indore, Tal: Indore
	(iv) Address of Facility :	Bio-Medical Waste Management System Ratlam,, Dist: -
	(v) Tel. No, Fax. No :	9303212341
	(vi) E-mail ID :	aroravinod@hotmail.com
	(vii) URL or Website :	
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 22.4126, Long: 75.5152
	(ix) Ownership of HCF or CBWTF :	Private
	(x)Status of Authorization under BMW Rules:	Auth No: BMW-310041, Valid Upto: 10/31/2020
	(xi) Status of Consent under Water, Air Act :	Consent No: BAWH-51147, Valid Upto: 10/31/2020

Type of Health Care Facility

2	(i) Bedded Hospital	50	
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-310041, 31/10/2020	

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

4	(i) Yellow Category	1260	
4	(ii) Red Category	260	
4	(iii) White Category	0.8	
4	(iv) Blue Category	1260	
4	(v) General Solid Waste	1200	

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

5	(i) Details of the on-site storage facility	centralized storage area behind the hospital divided into four color coded sections for each category.	
5	(ii) Treatment Facility	Puncture proof containers.	
5	(iii) Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum.	0.000	
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		
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Bio-Medical Waste Management System	

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	Yes, Infection control committee deals with biomedical waste management practices.
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Details trainings conducted on BMW

7	(i) Number of trainings conducted on BMW Management	5	
7	(ii) Number of Personnel trained	40	
7	(iii) Number of personnel trained at the time of induction	10	
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 attch details if any)	na	
8	(iv) any Fatality Occurred , details	no	

9	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	Yes	DG set maintenance and change of oil on continuous basis.
9	Details of Cuntinuous online emission monitoring sstems installed	.	
10	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	0	
11	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	Yes	standard precautions at all the time.
12	Any other relevant information	no	

Certified that the above report is for the period from

Date:

Name and Sign of The Head of HCF

Place: