#### From -IV (See rule 13) **Annual Report**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> June every year for the period from January to December of the preceding year, by the Occupier of Health Care Facility (HCF) or common biomedical waste treatment facility (CBWTF)]

SI.No	Particulars		
1.	Particulars of the Occupier		
	(i) Name of the authorized person		
	(occupier or operator of facility)	1:	Dr.Santy N Sajan
	(ii) Name of HCF		Chief Operating Officer – Apollo Main Hospital
		:	Apollo Hospitals Enterprise Limited
	(iii) Address for Correspondence	:	21 & 24,Greams lane,Opp Greams road,Nungambakkam,Chennai -06
	(i) Address of Facility		21 & 24,Greams lane,Opp Greater road,Nungambakkam,Chennai -06
	(ii) Tel. No. Fax. No.		044 - 28296703
	(V) E-mail ID	<del>.</del>	Housekooping@opollehooritet
	(i) URL of Website	1:	Housekeeping@apollohospitals.com
	(ii) GPS coordinates of HCF	ŀ	https://www.apollohospitals.com/
	(iii) Ownership of HCF		Drivet
	(iv) Status of Authorization under		Private
	the Bio-Medical Waste		Applied NO: 21576146,Dated 07.03.2019
	(Management and Handing) Rules.	· 1	
	(v) Status of Consents under , Water Act and Air Act.	1	Main Consent,No:19081220000.Validity: 31/3/22 Sindoori ConsentNo:1908126746111,Validity 31/3/21(Payment remitted, Relevant documents
2.	Type of Health Care Facility	X.	submitted / Uploaded in online shortly)
	(i) Bedded Hospital	÷	Multi speciality Hospital
	(ii) Non-Bedded Hospital		Bedded Hospitals - 620
	(Clinic or Blood Bank or Clinical	•	
	Laboratory or Research Institute or Veterinary Hospital or any other)		•
	<li>(iii) License number and its date of expiry.</li>	:	Z.0.IX/ZHO-IX/0492/2021
3.	Details if CBMWTF		03.03.2022
	(i) Number healthcare facilities	•	Ç
	covered by CBMWTF	:	Refer with M/S G J Multiclave
	(ii) No. of beds covered by CBMWTF	•	Refer with M/S G J Multiclave
,	<ul> <li>(iii) Installed treatment and disposal capacity of CBMWTF</li> </ul>		Thenmalaipakkam
	<ul> <li>(iv) Quantity of biomedical waste treated or disposal by CBMWTF</li> </ul>		Refer with M/S G J Multiclave
4.	Quantity of waste generated or disposed in Kg per annum (on	:	Red – 227049 Kg/Annum
	monthly average basis)		Yellow – 132084.6 Kg/Annum
			Blue – 14960.2 Kg/Annum
			White- 5496.15Kg/Annum

NPC

### SYEDA MAHMOODUNNISA Deputy General Manager

Support Services

5.	Details of the Storage, treatment, tra	nenorte	tion proceeding and Discours Facility		
	(i) Details of the on-site storage		Only storage		
	facility				
			Capacity: N/A		
	(ii) Disposal Facilities		Provision of on-site storage : (cold storage or any other provision)		
		:	Type of treatment No Capacity Quantity Equipment of Kg/day treated or Units disposed In Kg per Annum		
			Incinerators NA (Yellow) Autoclaves NA (Red,Blue,White Shredder Sharps		
	•		Deep Burial pits: NA (Blue & White) Recyclable: NA (Red) Chemical disinfection: ETP 25 KLD		
			Any other treatment 450		
	<ul> <li>(iii) Quantity of recyclable wastes sold to authorized recyclers</li> <li>after treatment in kg per annum.</li> </ul>	:	equipment:STP N/A		
	<ul> <li>(iv) No of vehicles used for collection and transportation of biomedical waste.</li> </ul>	:	N/A		
	<ul> <li>(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)</li> </ul>		N/A		
	<ul> <li>(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of</li> </ul>	:	<b>GJ MULTICLAVE (INDIA) PVT LTD</b> S.F.No. 245&247, THENMELPAKKAM village, ChengalpattuTaluk and Kancheepuram District.		
÷	<ul> <li>(vii) List of member HCF not handed over bio-medical waste.</li> </ul>	:	N/A		
	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	Yes (MOM attached)		
	Detail trainings conducted on BMW				
	(i) Number of training conducted on BMW Management.		11		
	(ii) Number of personnel trained		8		

## SYEDA MAHMOODUNNISA

Deputy General Manager Support Services

	(iii) Number of personnel trained		All new joinees were trained during induction
	at the time of induction		
	(iv) Number of personnel not		All covered
	undergone any training so far.		Yes – Apollo Bio medical waste management SOP
	(v) Whether standard manual for training is available ?		Yes – Apolio Bio medical waste manag
	(vi) Any other information)		-
8.	Details of the accident occurred		N/A
0.	during the year		N/A
	(i) Number of Accidents		
	occurred		-
	(ii) Number of the persons affected		-
	(iii) Remedial Action taken		-
	(Please attach details if any)		
	(iv) Any Fatality occurred, details.		-
9.	Are you meeting the standards of		N/A
	air Pollution from the incinerator?.		
	How many times in last year could not met the standards?		
	Details of Continuous online		No Online, However once in six month emission
	emission monitoring systems		being monitored
	installed		
10.	Liquid waste generated and treatment methods in place. How		Through STP .No Occasion
	many times you have not met the		
	standards in a year.		
11.	It the disinfection method or		Meeting the standards
	sterilization meeting the log 4		
	standards? How many times you have not met the standards in a		
	year?		
12.	Any other relevant information		<u> </u>
		1	

Certified that the above report is for the period from  $\,$  - Jan '20 to Dec '20  $\,$ 

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Date: OF CH-2021 Place: Clienna - 6.

Name and Signature of the Head of the Institution

DR. SANTY N SAJAN Chief Operating Officer DR. SANTY N SAJAN Chief Operating Officer

# SYEDA MAHMOODUNNISA

Deputy General Manager Support Services





## GREATER CHENNAL CORPORATION PUBLIC HEALTH DEPARTIMENT

Configure of the proceedion of Hospitaly' consing homes, contros/Laboratoria

Certified that

Located at. NO.21,Greams Lne, (Opp) Greams Road,Chennal-600.006. Owned by

#### Dr. PRATAP C REDDY

Has been registered for the purpose of

Learning quality health care service delivery by qualified personnel

Enruering National Erogrammes

. Hostmean Notification of infection Diseases, Dise as Surveillance and monthly reporting of events.

Fight allon of Skth and Death

Conder Chemin (23) Municipal Corporation Act 1915, Section 34: (222) (23) (25)

Madras Corporatio + Lode Section 13(835),

Tamilnadu, Public Heaith Act, 1939, Section SC and 64

And Registration of Birth & Death Act, 1969, Sec 8(1) (6)

For the year 2020 - 2021

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2001 Health Officer-D

Harris

Add. City Health Officer (C)

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				5	Dio meanar waste - Annual Report ( Jan'20 to Dec20 )	e - Annual I	Report ( J	an'20 to De	(020)					
G	CLINICAL WASTE (Red)/Kg include covid waste	E (Red)/Kg d waste		CTION WASTE (Yellov include covid waste	INFECTION WASTE (Yellow)/Kg include covid waste	BOTTLE incl	BOTTLE WASTE (Blue) include covid waste	(Blue)/Kg I waste	<u> </u>	SHARP WASTE (Whith container)/Kg include covid waste	(White nclude :e		Total	G.Total
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12182.00	00 388.20	12570.20	5809.00	743.90	6552.90	718.60	14.50	733 10	04.2/1	0.00	1/2.40	15185.20		16641.70
12130.00	0 3793.20	15923.20	5032.10	3769.80	8801.90	724.30	61.50	785.80	310.40	0.7E	06./02	18975.80		20124.10
13246.00	0 4602.50	17848.50	6114.80	4301.40	10416.20	731.40	122.20	853 60	306.40	0/.6	CT-076	18196.80		25831.05
14903.00	0 3608.30	18511.30	7405.80	3677.20	11083.00	863.20	217 EA	00.0001		0/-76	0T-620	20398.60	9058.80	29457.40
17200.00	0 3333.60	20533.60	9901.70	3314.40	13216.10	1143.60	158.40	1302 00	388.9U	55.90	444.80	23560.90		31119.80
18482.00	0 3511.90	21993.90	9466.80	3010.70	12477.50	1249.20	117.00	1366.20		34.60	461 60	28630.50		35495.20
17403.00	0 2180.80	19583.80	10121.00	2050.20	12171.20	1372.90	106.60	1479.50	+		499,20	00.2962		36299-20
22532.30	0 2054.30	24586.60	12723.00	2183.50	14906.50	1587.70	67.10	1654.80		+	573.80	37394.70	4346.90	41721.70
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Apollo (TRAINING RETURNS) DEPARTMENT: HOUR Copiny Bio medical wask Management - Qearone ( cleaning protocols IOPIC TRAINER: Ventatesh DATE : 27.01.2020 1.35 pm - 2.85 pm lime: HRS : VINE: BAW area . N.NO EMPLOYEE NO. EMPLOYEE NAME DESIGNATION SIGNATURE ſ · R. III B B of own Rama lanna NCO). B.m.w.m K. Jalis Brack 2 Rayl NRD B.m.w.m Z. 8-9716 Donin lun Ranjan Kunay Bimor Thurs' Pamon Gal 310. 4 X-n min Binun 5 Esms 1244 YOBU B, mrs a usu 6 Basi 13m3-1276 Binina 7 FSBS. 959 Dimino うっしょう 8 Mp with FSM1 \$903 Georgian MAD 13.mon 9 FSMS- APNY Sorbinla Souther Baisam 9 ·C ۰. To be submitted to the Training & Development Center on the same day the program is conducted Noedrie Cuttor Postocel. SYNOPSIS OF THE TOPIC: (Leaning protects, Dos & DONT) PERVISISOR SIGNATURE I'm pertonic f unry PPE SIGNATERE iera: ...acac Saci lies

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(TRAINING RETURNS)

TOPIC: Covid word - Gravbage HRS: 1-2 Protocol TRAINER: Venkalegh Protocol DATE: 14-3-20

VENUE: Granbuge Ara

S.NO	EMPLOYEE NO.	EMPLOYEE NAME	DESIGNATION	SIGNATURE
1	Esms 1310	Thurm Raman	Biniwin	
2	F-5ms 1276	Basi	in win	2ma Jon comi
3	FSMS 1640	Isannan	,	BAL
4	FSms 5903	Gowtern mondul.	1	C. lean
5	FSms 669,	· ·· Palari	1,	how-un morten
6	1244	Усви		Uleson
7	(1	Rowindron	1,	Dangon'
8	9	Lama Krishnan	",	
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Note :- To be submitted to the Training & Development Center on the same day the program is conducted

SYNOPSIS OF THE TOPIC:

SIGNATURE OF SPEAKER

SIGNATURE OF DEPARTMENT HEAD

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# TRAINING AND DEVELOPMENT ATTENDENCE REGISTER

		(TDAINING D		AH-QF-T&D-04A
DEPART	MENT: HOUSe K	(TRAINING R	TIME	·
ionic:	Covid Loov J		HRS: Law	the state of the second
	villace	A Protoci	VENUE: Cray bag	٨
DATE: 2	29-4-20		VENUE: Say bag	je læveg
S.NO	EMPLOYEE NO.	EMPLOYEE NAME	DESIGNATION	SIGNATURE
1	Fsms 2716	Bar '	Biniwin	Bri
2	1-5m3 1640	Kannas	1,	C. lean
3	FSMS 6691	-Julami	1	Ukern)
4	FSMS 5903	howton montal	1,	ho wtm.
5	Bms 1310	Thuran Raman		3mon Incomi
6	Rosianism	Rauralran	11	Janin ,
7	Nen	Rama Kyrshnen	11	Ine 25 ymmi-
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Note: - To be submitted to the Training & Development Center on the same day the program is conducted

SYNOPSIS OF THE TOPIC:

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SIGNATURE OF SPEAKER N. Oonw

SIGNATURE OF DEPARTMENT HEAD

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\* \*\* ··· Apollo AH-QF-T&1 (TRAINING RETURNS) DEPARTMENT: Hause Leeping TOPIC: BMW Managenert TRAINER: KEINNigappan DATE: 15-5-20 Time: (to 2pm HRS: 1 Jonny VENCE: Auditorium \$.NO EMPLOYEE NO. EMPLOYEE NAME DESIGNATION SIGNATURE 0242 192 Rno 310 c1 NPI 11 11 Oh 1 540 1 NÖ 716 67 ·C ·C -Note - To be submitted to the Training & Development Center on the same day the program is conducted SYNOPSIS OF THE TOPIC: TRAINING AND DEVELY MENT CENTER · Brow protocol. Rimportance OF PPE RECEIVED AND C 2 JUN 2020 SUPERVISISOR SIGNATURE SIG **DEPARTMENT H** Manager-HouseKeeping



(TRAINING RETURNS)

AH-QF-T&D

DEPARTMENT :Housekeeping TOPIC: Covid ward - Gravbage cleavance Protocol TRAINER: Asha Ananz DATE: 29-7-20 TIME: 2-3 Pm HRS : 1 hour VENUE: GRYbages Area

S.NO	EMPLOYEE NO.	EMPLOYEE NAME	DESIGNATION	SIGNATURE
1	FSM5. 1640	· Kannan.	Bimiwim	Kanny
æ	Fsms.	Powersten	13	Dom.
3	Frons. 6691	Palant,	11	A Delais
	fsms. 1310	Thuland Paman	13	Ambern
	FSmg. \$903	Churcham mon by,	1,	howton
5	Fing. 393,	-Pradhel.	1,	Mogani
1	FSm8. 9716,	Parisan Kumar	13	Ranjonkumar
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				AINING AND DEVELOP RENT CENTER
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+				3 1 102 2020
		& Development Contract		

SYNOPSIS OF THE TOPIC:

how to ever gailing times cared ward

SIGNATUR PEAKER

SIGNATURE OF DEPARTMENT HEAD ASHA ANAND Manager-HouseKeeping

Apollo

#### TRAINING AND DEVELOPMENT ATTENDENCE REGISTER



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(TRAINING RETURNS)

DEPARTMENT : Housekeeping

TOPIC: How to dean hab cutter machine TRAINER: Kanniyappan DATE: 31 - 2 - 20 TIME: 1-2 PM HRS: 1 Lour VENUE: CARrbate

S.NO	EMPLOYEE NO.	EMPLOYEE NAME	DESIGNATION	SIGNATURE
	1640	Kannan	HUL	helment
1	253/380	Rama Krishna	(-)_ (	Lam lugar
3	14242	Ravindiran	()(	Rande
4	6691	Paleni	W-12	Mal
5	1310	Thulasi Roma	4. Q	meligi
6	9716	Rayan Kumar	(+-u	Rain
7	2716	Bhu traffe Bai	Hels	Phythow
8	959	Aravindnaskar	4-4	John Red
9	242	Rowthill	(+.1(	Juptin
60	3931	prathap	H.K	Franki
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Note :- To h	e submitted to the Training	ng & Development Center on the same da	x	

to be submitted to the Training & Development Center on the same day the program is conducted

SYNOPSIS OF THE TOPIC:

RE OF SPEAKER

Needle wetter decenery procedure , Swith proper PPE.

12020 3

**LMENT HEAD** Manager-HouseKasping





(TRAINING RETURNS)

DEPARTMENT: Hase Keeping TRAINER Marke La Laste Colour HRS: 1 hours TRAINER: VenKatefu DATE: 30 - 9 - 20

TIME: 1-20M

VENUE: Gravbase Area

S.NO	EMPLOYEE NO.	EMPLOYEE NAME	DESIGNATION	SIGNATURE
1	FSms 1311	Thurand Raman.	B.m.wm	gms Jacom
2	FSMS 5905	Crowlam moncul	1,	Gowton.
3	FSMS 6691	-Palan'	1,	Ugmi
4	Forms 1640	Kannon.	1,	C. lean
5	Fsms 1244	yobu	1,	N. 405U
6	Nu	Rain Iras, 11 1	o s ta ha har	minom
7	Ner	Lama Krisham		Jace Daysoni
8		Roberton Accorded.	1 J	•
9	Ner	Bheteneth been	),	13231
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19		s C. 1 d. je ků		
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Note :- To be submitted to the Training & Development Center on the same day the program is conducted

SIGNATURE OF SPEAKER

SYNOPSIS OF THE TOPIC: Bio nedicer under Colon ats Yellin 1 Red, Bobn, gran

SIGNATURE OF DIP ARTMENT HEAD



(TRAINING RETURNS)



DEPARTMENT : Housekeeping TOPIC : tomapped standard), Hub cutter cleaning TRAINER: Kanniyappan DATE: 9-10-20 TIME: 1-2 P3 HRS: | WOCAY VENUE: Charbage Area

S.NO	EMPLOYEE NO.	EMPLOYEE NAME	DESIGNATION	
1	Fene Ilaria			SIGNATURE
2.	13-13 1840	. Kannan.	Bmw	C. leann
	FSms 2716	Bhotroch hav!	٦,	C. Com
\$	Fims, 5903	Gowtom mon del.		BH. Two 321.
4,	Fisms. 6691	to we am men del.	1,	howton
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5.	Fsms.	YOBU		Legar
в.	Mes	Reundra.	1,	N. Yora
7	Neu		1;	Dingigina
	3	Rama Kurshin	1/	
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Development Center on the same day the program is conducted SYNOPSIS OF THE TOPIC:

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SIGNATURE OF DEPARTMENT HEAD

ASHA ANAND Manager-HouseKeepin;

SIGNATURE OF SPEAKER





		(TRAINING R	ETURNS)	
DEPAR	TMENT: Housek	eeping	TIME: 1-2-P3	5. 1
TOPIC	· Covidward	Garbage cleanan	HRS: Men	
TRAIN	ER: Ven Keler	1060001		
DATE :	9/11/20	٦	VENUE: CAN D	afe
S.NO	EMPLOYEE NO.	EMPLOYEE NAME	DESIGNATION	SIGNATURE
1	FSMS 1310	Thisiand Ramon	Bimwin,	Ing sound
2	F-5m5 5903	Crowten months.	1.1	Bowson, Mon
3	Foms 1640	Kannen.		C. Icam
4	FSMS 950	Ambrindo Naslen	4.	Annynoo
5	FSMS 6695		()	Negro -
6	Fsmis	Rownieran, Martin	Sa chail is Rist	Daras
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Note :- To be submitted to the Training & Development Center on the same day the program is conducted

SYNOPSIS OF THE TOPIC:

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TRAINING AND ACCOUNTER RECEIVE Kloul 27 NOV 2020 SIGN BYEDA DEPARTMENT IN INTERNALISA Deputy General Manager APOLLO HOSPITULS, SHENNAI-6 Support Service





(TRAINING RETURNS) DEPARTMENT: House Keeping TIME: (-2-DM TRAINER: Ventatest Protocals VENUE: Garbage Aren DATE: (1/12/20 SIGNATURE DESIGNATION EMPLOYEE NO. S.NO EMPLOYEE NAME AminDo in do Nasler Bim.wm 959 1 Binium 1640 Kanner. 2 m' Raman Bunnin 1310 3 JAIRON Bimw.m North NRW 4 B.m.w.m hand NRW. 5 669 B.n.w.m 6 'obu Binium 7 Raunt B.n.wn. 8 9 10 11 12 13 14 C. 15 16 17 18 19

Note :- To be submitted to the Training & Development Center on the same day the program is conducted

SIGNATURE OF SPEAKER

SYNOPSIS OF THE TOPIC:

20

TRAINING AND DEVELOPMENT CENTER RECEIVED ( June 2 9 DEC 2020

APOLLO HOSPITALS CHENNALS

SYEDA MAHMOODUNNISA Deputy General Manager Support Services