



22/01/2021

To

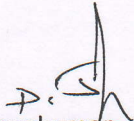
District Environmental Engineer
Tamil Nadu Pollution Control Board,
950/1, Poonamallee High Road,
Arumbakkam, Chennai-600106.

Sir,

SUB: Form IV, Biomedical Waste Annual Return Filing Reg:

We are herewith furnishing Annual Return in Form IV regarding treatment and disposal of biomedical waste as per Biomedical Waste Management Rules 2016, for the period January 2020 to December 2020.

Thanking You,
Yours Truly,


D. Jayakumar
Assistant Manager
Engineering
Apollo First med Hospitals

Encl : Demand draft.

D. JAYAKUMAR
Manager - Maintenance



Form - IV
(See rule 13)
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)]

Sl No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	APOLLO FIRST MED HOSPITALS
	(ii) Name of HCF or CBMWTF	:	G. J. MULTICLAVIE
	(iii) Address for Correspondence	:	APOLLO FIRST MED HOSPITALS
	(iv) Address of Facility	:	37, OLD 20 TEACHERS COLONY KAMARAJ AVENUE, MADRAS
	(v) Tel. No. Fax. No	:	28211111, FAX: 28237470
	(vi) E-mail ID	:	chd_fmh@apollohospitals.com
	(vii) URL of Website	:	http: 28211111.01.apollohospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	latitude 12.96 longitude 76.98
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 19BAZ1983A274valid up to 31.3.2023
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31-MARCH-2023
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 100
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	N/A
	(iii) License number and its date of expiry	:	49/2 - 8/16/15
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	N/A
	(ii) No of beds covered by CBMWTF	:	N/A
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	N/A Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	N/A Kg/day																																																		
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category : 63.5 kg Red Category : 56.7 kg White: 0.6 kg Blue Category : 5.6 kg General Solid waste: 19.2 kg																																																		
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																			
	(i) Details of the on-site storage facility :	Size : 151 Sq Capacity : 500 kg Provision of on-site storage : (cold storage or any other provision)																																																		
	(ii) Details of the treatment or disposal facilities :	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td></td><td></td></tr> <tr><td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr> <tr><td>Autoclaves</td><td></td><td></td><td></td></tr> <tr><td>Microwave</td><td></td><td></td><td></td></tr> <tr><td>Hydroclave</td><td></td><td></td><td></td></tr> <tr><td>Shredder</td><td></td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td></td><td></td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td></td><td></td><td></td></tr> <tr><td>Deep burial pits:</td><td></td><td></td><td></td></tr> <tr><td>Chemical disinfection:</td><td></td><td></td><td></td></tr> <tr><td>Any other treatment equipment:</td><td></td><td></td><td></td></tr> </tbody> </table>			Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. :	Red Category (like plastic, glass etc.)																																																		
	(iv) No of vehicles used for collection and transportation of biomedical waste :	DAILY BASIS ONCE																																																		
	(v) Details of incineration ash and ETP sludge generated and disposed :	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> </tbody> </table>			Quantity generated	Where disposed																																														
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	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	GI. J. MULTI CLAVE
	(vii) List of member HCF not handed over bio-medical waste.	N/A
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	YES
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	40
	(ii) number of personnel trained	72
	(iii) number of personnel trained at the time of induction	72
	(iv) number of personnel not undergone any training so far	NIL
	(v) whether standard manual for training is available?	YES
	(vi) any other information)	-
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	01
	(ii) Number of the persons affected	01
	(iii) Remedial Action taken (Please attach details if any)	TRAINING WAS TAKEN
	(iv) Any Fatality occurred, details.	-
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	N/A
	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?	N/A
11	Is the disinfection method or sterilization meeting the log 4	

	standards? How many times you have not met the standards in a year?		N/A
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

JANUARY - 2020 To DECEMBER - 2020

Date: 20/01/2021
Place Chennai

Name and Signature of the Head of the Institution

Dr. B. MATHANGI
Sr. General Manager-Operations

APOLLO FIRST MED HOSPITALS
HOUSEKEEPING DEPARTMENT
WASTE GENERATION PER DAY/KG
ANNUAL REPORT FOR THE YEAR 2021

SNO	MONTH	RED		YELLOW		BLUE		SHARP	
		BAG'S	KG'S	BAG'S	KG'S	BAG'S	KG'S	BAG'S	KG'S
1	January	11.4	63.3	9.1	52.5	1.6	7.6	0.5	0.9
2	February	10.8	65.5	11	58.1	1.4	8.3	0.7	1.1
3	March	9.8	59.9	8.1	42.4	1	6.3	0.6	1
4	April	10.6	50.2	8.1	35.4	1.7	4.6	0.3	0.4
5	May	9	44.9	8.3	35.5	0.6	2.3	0.4	0.4
6	June	10.5	47.8	12.1	51	1	4	0.2	0.2
7	July	11.4	50	16.3	75.7	1.4	4	0.2	0.2
8	August	13.3	55.1	18.9	75.7	1.8	5.4	0.4	0.7
9	September	13.1	59.4	20.6	83.7	1.4	4.8	0.3	0.6
10	October	13.2	55.9	20.9	76.3	2	6.3	0.3	0.6
11	November	14.7	62.6	19	75.3	2	6.7	0.4	0.7
12	December	13.2	65.3	21.4	100.4	3.3	6.9	0.3	0.6
TOTAL		141	679.9	173.8	762	19.2	67.2	4.6	7.4
AVERAGE		11.8	56.7	14.5	63.5	1.6	5.6	0.4	0.6

APOLLO FIRSTMED HOSPITALS

BIO MEDICAL WASTE MANAGEMENT COMMITTEE

MINUTES OF THE MEETING

Date & Time: 30.06.2020 @ 3.00PM

Venue: Knowledge Centre

If the concerned member is not available a representative from the department may attend 50% quorum should be available to conduct the meeting if the quorum is not met, the meeting shall be rescheduled to a convenient date.


Minutes of the meeting shall be sent to all committee members.

Chairperson of the committee: Dr. Mathangi . B		
Members of the Committee:	Name	Signature
HOD Quality Management systems	JOHN PAUL VERAJ.	
HOD of Lab Services	for. G. Gayathri	
Nursing Officer	Jonipho	
Infection Control In charges	SRIRAJINI P	
HOD of Maintenance	D. MAGESH	
HOD of Housekeeping	N. SIVA SANKAR	
Housekeeping Supervisors	N. Dilgawalli	

S. No	Issue/Root Cause	ACTION / Recommendation	Responsibility	EDC
1	Bio medical waste quantity in increasing the approved limits in few days. Area wise monitoring needed	Area wise naming and date to be mentioned on the Bio medical waste covers for monitoring purpose	HK.Lab, Dialysis, OP Billing, Pharmacy	Immediate
2	Stationary wastes are dumped in BMW shelter area	Stationary waste and Paper waste must be disposed only inside the stationary waste rooms	All Areas	Immediate

S. No	Issue& Root Cause	Action / Recommendation	Responsibility	EDC
3	Large quantity of Cotton boxes are dumped in BMW shelter area	Cotton boxes to be defoldd and paper waste to be disposed on green BMW covers, avoid to put paper waste on cotton boxes	Pharmacy	Immediate
4	There are few deviation in HK process and protocols due to lack of training for other department attenders	Other department attenders can attend daily Housekeeping training classes, to improve awareness and updating of daily HK activities	Lab, MRD, F&B OP Billing, Pharmacy	Immediate
5	New Soil Chute is implemented	Soil Chute can be used for soiled linen and stationary waste disposal	Housekeeping	Immediate

Periodicity: Once in six month


 - Dr. B. Mathangi
 Joint Director Medical Services
 Dr. B. Mathangi
 Sr.General Manager - Operations

APOLLO FIRSTMED HOSPITALS

BIO MEDICAL WASTE MANAGEMENT COMMITTEE

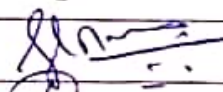
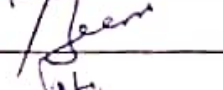
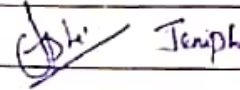
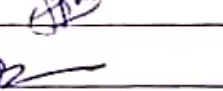
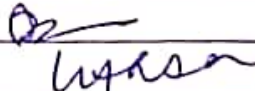
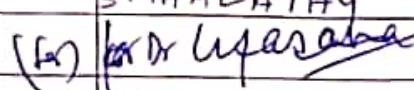
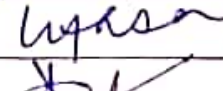
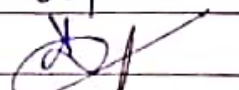
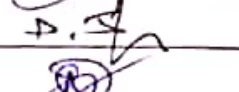
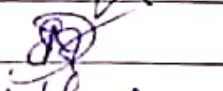
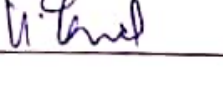
MINUTES OF THE MEETING

Date & Time: 16.12.2020 @ 3.30PM

Venue: Knowledge Centre

If the concerned member is not available a representative from the department may attend 50% quorum should be available to conduct the meeting if the quorum is not met, the meeting shall be rescheduled to a convenient date.

Minutes of the meeting shall be sent to all committee members.

Chairperson of the committee: Dr. Mathangi. B		
Members of the Committee:	Name	Signature
HOD Quality Management systems	JOHN P. V. RAY.	
HOD of Lab Services	DR. BEENA N	
Nursing Officer	 Joseph	
Infection Control In charges	S. MALATHY	
HOD of Radiology	(for)  K. VENKATESAN	
HOD of Pharmacy	K. VENKATESAN	
HOD of Maintenance	D. SATHYANAR	
HOD of Housekeeping	Siva Sankar N	
Housekeeping Supervisors	G. Mathanid	

S. No	Issue & Root Cause	Action / Recommendation	Responsibility	EDC
1	Food and stationery waste segregation area door and flooring work to be done	Work order to be raised	Maintenance & Housekeeping	On Process
2	In Patient bed sheets blood and motion stains are	Briefed to all Nursing to monitor body fluid spill	Nursing and Housekeeping	Immediate

S. No	Issue& Root Cause	Action / Recommendation	Responsibility	EDC
	regularly happening in critical areas	and same has been educated to Housekeeping staff to wash immediately to avoid stains		
3	Biomedical waste segregation of PPE, mixture of covers, Infection control practice to be followed as per the standards	Briefed to all staffs about Biomedical waste segregation	All Concerned Departments	Immediate
4	Approved limit of biomedical waste quantity is increasing, area wise monitoring required	Area wise naming and date to be mentioned on the Bio medical waste covers for monitoring purpose	HK, Lab, Dialysis, OP Billing, Pharmacy	Immediate

Periodicity: Once in six month


Dr. B. Mathangi
 Joint Director Medical Services
 Dr. B. Mathangi
 Sr.General Manager - Operations