

08/02/2022

To

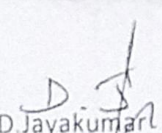
District Environmental Engineer  
Tamil Nadu Pollution Control Board,  
950/1, Poonamallee High Road,  
Arumbakkam, Chennai-600106.

Sir,

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

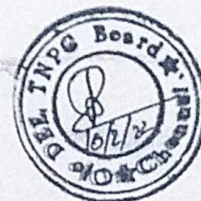
We are herewith furnishing Annual Return in Form IV regarding treatment and disposal of biomedical waste as per Biomedical Waste Management Rules 2016, for the period January 2021 to December 2021.

Thanking You,  
Yours Truly,

  
D. Jayakumar  
Assistant Manager  
Engineering  
Apollo First med Hospitals



D. JAYAKUMAR  
Manager - Maintenance



**Form - 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 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 FIRSTMED HOSPITALS
	(ii) Name of HCF or CBMWTF	:	G. J. MULTI CLAYE
	(iii) Address for Correspondence	:	APOLLO FIRSTMED HOSPITALS
	(iv) Address of Facility	:	37, OLD. 20, TEACHERS COLONY KAMARAJ AVENUE, ADAYAR
	(v) Tel. No, Fax. No	:	28211111, FAX: 28237470
	(vi) E-mail ID	:	chd_fmh@apollohospitals.com
	(vii) URL of Website	:	http-288p-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.: .....19BA2-198.34.274..... .....valid up to 31.3.2023
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.3.2023
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	:	CHENALL20200000258 6.6.2024
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 : 79.8 kg Red Category : 61.2 kg White: 17.7 kg Blue Category: 6.3 kg General Solid waste: 210 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 :	Once a day on daily basis																																																			
	(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	G.I.J. MULTICLAVE
	(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.	48
	(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	03
	(ii) Number of the persons affected	03
	(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 -2021 TO DECEMBER -2021

Dr. B. NATHAN

General Manager Operations

Name and Signature of the Head of the Institution

Date:

Place CHENNAI

**APOLLO FIRST MED HOSPITALS**  
**HOUSEKEEPING DEPARTMENT**  
**WASTE GENERATION PER DAY/KG**  
**ANNUAL REPORT FOR THE YEAR 2022**

SNO	MONTH			YELLOW				SHARP	
				BAG'S	KG'S			BAG'S	KG'S
1	January	11.7	58	17.6	82.3	2.1	6.2	0.3	0.6
2	February	11	55.2	15.7	69.1	1.9	6.9	0.5	0.8
3	March	12.2	60.2	20.3	90	2	7.6	0.3	0.8
4	April	9.3	49.4	20.3	88.7	1.7	6.1	0.4	0.6
5	May	10.6	52.4	21.6	104.6	2.3	0.8	0.3	0.9
6	June	11.8	55.4	20.7	92	2.6	9	0.5	1.2
7	July	14.4	64.3	16.5	70.7	1.7	6.4	0.2	0.4
8	August	14.4	64.3	16.5	70.7	1.7	6.4	0.2	0.4
9	September	15.9	70.7	19.3	83.5	2.1	7.1	0.5	0.8
10	October	16.5	63.4	18.9	71.8	1.7	5.6	0.4	0.7
11	November	18.4	69.7	19.9	69.1	2.3	7.3	0.2	0.4
12	December	20.8	70.8	20.5	65.2	2.1	6.5	0.5	0.9
TOTAL		167	733.8	227.8	957.7	24.2	75.9	4.3	8.5
AVERAGE		13.9	61.2	19.0	79.8	2.0	6.3	0.4	0.7

Location	Date	CLINICAL WASTE	INFECTIOUS WASTE	SHARP WASTE	BOTTLES
Apollo First Med	08-01-2022	20.8	60.9	2	10.7
Apollo First Med	08-02-2022	36	79.6	0	9.9
Apollo First Med	08-03-2022	58.5	67.8	2.2	10
Apollo First Med	08-04-2022	48	72.5	1	0
Apollo First Med	08-05-2022	51	50.1	0	10
Apollo First Med	08-06-2022	44.4	50.4	0	4.4
Apollo First Med	08-07-2022	54.9	61.9	1	3.7
Apollo First Med	08-08-2022	17.6	39.9	0	10
Apollo First Med	08-09-2022	56.1	73.2	1	4
Apollo First Med	08-10-2022	60.1	63.2	0	10
Apollo First Med	08-11-2022	40.4	61.1	0	8.1
Apollo First Med	08-12-2022	80	85.4	0	9
Apollo First Med	8/13/2022	59.6	72.7	0	0
Apollo First Med	8/14/2022	48.2	47.5	0	5.1
Apollo First Med	8/15/2022	31	60.2	1	10
Apollo First Med	8/16/2022	52	75.1	0	0
Apollo First Med	8/17/2022	57.2	73.9	1.9	9.5
Apollo First Med	8/18/2022	54	57.4	1.2	4
Apollo First Med	8/19/2022	55.4	71	0.9	1.3
Apollo First Med	8/20/2022	51.4	62.8	2.4	9
Apollo First Med	8/21/2022	31	44	0	6.7
Apollo First Med	8/22/2022	37.5	39.3	1	11.3
Apollo First Med	8/23/2022	51.4	76.5	0	9.8
Apollo First Med	8/24/2022	70.2	65.1	1.1	0
Apollo First Med	8/25/2022	55.6	83.4	0	10
Apollo First Med	8/26/2022	52.5	68.4	3.2	9.1
Apollo First Med	8/27/2022	44.2	65.2	0.9	10.2
Apollo First Med	8/28/2022	36.3	47.1	1	7.4
Apollo First Med	8/29/2022	45.1	66.5	0	9.1
Apollo First Med	8/30/2022	63.3	81.5	1	9.1
Apollo First Med	8/31/2022	38.8	69.4	0	8.2

Sum

94.4
125.5
138.5
121.5
111.1
99.2
121.5
67.5
134.3
133.3
109.6
174.4
132.3
100.8
102.2
127.1
142.5
116.6
128.6
125.6
81.7
89.1
137.7
136.4
149
133.2
120.5
91.8
120.7
154.9
116.4

# APOLLO FIRSTMED HOSPITALS

## BIO MEDICAL WASTE MANAGEMENT COMMITTEE

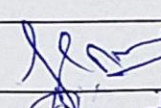
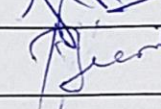
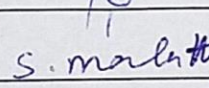
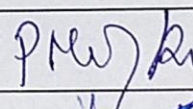
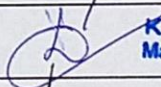
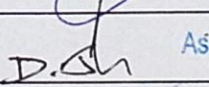
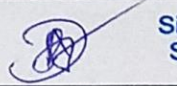
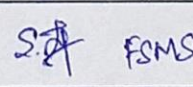
### MINUTES OF THE MEETING

**Date & Time:** 13-11-2021 @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 Vijay OPS / QMS
HOD of Lab Services	 Dr. BEENA .N Reg. 51020
Nursing Officer	 M.J. Elizabeth Reg. No. 4008223
Infection Control In charges	
HOD of Radiology	 Dr. Manoj Kumar P., MBBS, MD (RD) Consultant Radiology Apollo First Med Hospitals, Chennai- 600 010 Reg.No- 83504
HOD of Pharmacy	 K. Venkatesan Manager Pharmacy
HOD of Maintenance	 D. JAYAKUMAR Asst. Manager - Main
HOD of Housekeeping	 Siva Sankar .N Sr. Executive
Housekeeping Supervisors	 S. S. S FSMS08699

S.No	Issue & Root cause	Action/Recommendation	Responsibility	EDC
1.	Old Janitor cupboard to be removed from BMW area,	Scrap to be done	Housekeeping	Immediate
2.	Awareness of Needle stick injury	Proper segregation to be followed and training class to be conducted	All concern department	Immediate
3.	Entry restricted board to be displayed in BMW area	Order placed	Housekeeping	Immediate

Periodicity:

  
Dr. Mathangi.B

Joint Director Medical services

Dr. B. Mathangi  
Joint Director Medical Services

# Minutes of the Meeting

<b>Committee Name:</b> Biomedical Waste Management Committee			
<b>Date:</b> 17 <sup>th</sup> May 2022	<b>From:</b> 03:00 pm	<b>To:</b> 03:30 pm	<b>Venue:</b> Virtual
<b>Presided by:</b> Dr. Mathangi – JDMS/Sr. GM		<b>Minutes prepared by:</b> Venugopal – HoD Housekeeping	

## Attendance

Mr. Chandrasekar: HoD - Human Resource (Regret)  
Mr. Dinesh Kumar: In-Charge - Information Technology  
Mr. Jayakumar: HoD - Engineering & Maintenance  
Mr. John Paul Vijay: HoD - Operations & Quality Systems  
Mr. Ramesh: HoD - Stores  
Mr. Venugopal: HoD - Housekeeping  
Mr. Varadarajan: HoD - Biomedical Engineering  
Ms. Jenipha Elizabeth: HoD - Nursing  
Ms. Malathy: In-Charge - Infection Control

## Agenda

1. Review of BMW generation.
2. Review of BMW disposal

# Minutes of the Meeting

## Previous meeting discussions / follow-ups

1. Awareness of Needle stick injury

## Action Items / Decision Tracker

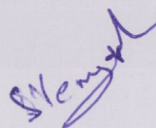
Key Issues Discussed	Root Cause Identified	Agreed Action / Decision	Assigned to / Responsibility	Due Date	Follow-up / Status
Used PPE found outside BMW area	Staff discarding waste has not discard the PPE properly	Used PPE will be discarded properly	Mr.Venugopal HOD - HK	Immediate	-
Closed trolley has to be used without over full always to collect the BMW	They are using it most of the time as to be always	BMW trolley will not be over full while collecting	Mr.Venugopal HOD - HK	Immediate	-

## General Comments

-

Prepared by

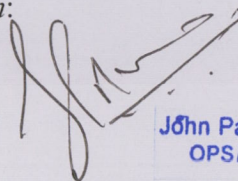
Attestation:



S. VENUGOPAL  
Asst. Manager - HK

Verified by

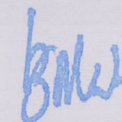
Attestation:



John Paul Vijay  
OPS/QMS

Approved by

Attestation:



Dr. B. Mathangi  
Joint Director Medical Services  
Apollo First Med Hospitals