# 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)]

SI. No.	Particulars		
1	Particulars of the Occupier **	198	
	(i) Name of the authorised person (occupier or operator of facility) (ii) Name of HCF or CBMWTF (iii) Address for Correspondence (iv) Address of Facility (v) Tel. No. Fax. No (vi) E-mail ID (vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF		Apollo Speliakity hospital  Apollo Speliakity hospital  Os/139. perungudi oma ch-96  Os/149. perungudi oma ch-96  Os/149. perungudi oma ch-96  Os/149. perungudi oma ch-96  Www. apollo hospital - Com  (State Government or Private or
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and Air	7	Semi Govt. or any other)  Authorisation No.:  17 Bac 66 20 95 6
	Act		31/03/2021
2	Type of Health Care Facility	*	
3	(i) Bedded Hospital:	2	No. of Beds, 200
-	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	2	NA
	(iii) License number and its date of expiry	:	TBAC6620956 /31/03/202
1	Details of CBMWTF:		NA NA
47100	(i) Number healthcare facilities covered by CBMWTF		·NA
-	(ii) No of beds covered by CBMWTF	1	NA
	(iii) installed treatment and disposal capacity of CBMWTF	1	_∧∕A_ Kg per day
	(is; Quantity of biomedical waste treated or	1	NA Kg/day





#### Apollo Hospital Enterprises Ltd

No:5/639, OMR, Perungudi, Sholinganallur Taluk, Kanchipuram District, Chennai - 96.

Date: 03/01/2022.

To

The District Environmental Engineer, Tamil Nadu Pollution Control Board, Maraimalai Nagar, Kanchipuram District.

Dear Sir,

Sub:- Filing of Returns for Bio Medical Waste FORM – IV dully filled for the period from (January 2021 to December 2021 Furnishing – Reg

Please find enclosed herewith the Bio Medical Waste Returns Form – IV duly filled for the period from January 2021 to December 2021.

Kindly acknowledge the receipt of the same.

Thanking you,

Yours Faithfully,

For Apolla Hospitals Enterprises Ltd.

Authorized Signatory

VARAN BUR

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	monitoring systems installed	
10	Liquid waste generated and treatment methods	NA
	standards in a year?	Treated ETP plant
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NA LIP PIGH
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from	01/01/2021	.fo3	51/12/2021
		****	

Date: 03/01/2022
Place
CHEMINE -

Name and Signature of the Head of the Institution

## APOLLO SPECIALITY HOSPITALS - OMR , DEPARTMENT OF HOUSEKEEPING BIO MEDICAL WASTE GENERATION DAILY REPORT FOR THE MONTH OF AUGUST - 2022

					(AH-QF-HK	-013)									
1 1	CLINICAL		INFECTIOU	JS WASTE	SHARPS	WASTE					VEHICLE	CHECKED			
DATE	(RE		(YELL	OW)	(WH	ITE)	вотт	LES (BLUE)	TO	TAL	NUMBER	BY	DC NO.	1 "	ME
	bag	weight	bag	weight	bag	weight	bag	weight	bag	weight				IN	OUT
1	19	25.4	15	57.3	2	3.3	4	9.4	40	95.4	2633	PANDIAN	53811	8	8.25
2	23	100.7	16	75.5	1	1.1	2	4.7	42	182	2633	PANDIAN	53822	8	8.3
3	32	112.8		100.9	6	11	8	15.6	76	240.3	2633	SUMITHA	53838	8.15	8.45
4	19	84.9	15	72.5	1	1	2	8.1	37	166.5		KALAIVANI	53848	7.3	8
5	21	90.4		106.8	1	1.8	4	11.7	50	210.7	2067	KALAIVANI	53858	7.4	8.1
6	24	100.5	29	121.5	. 0	0	2	. 3	55	225	2067	KALAIVANI	53869	8	8.3
7	21	100.5	32	156.6	2	2.4	8	30	63	289.5		KALAIVANI	53883	7.4	8.1
8	16		. 18	72.9	0	0	4	11	38	151		KALAIVANI	53893	8	8.3
9	22		. 15	48.3	1	3.3	1	3.8	39	137.5	2067	PANDIAN	53903	7.3	8
10				79.9	7	7	4	15.3	44	202	2067	KALAIVANI	53914	8	8.3
11	14	66.5		85.9	7	7	4	9	42	168.4	2067	KALAIVANI	53826	8	8.3
12	13	75.7		98.3	0	0	3	11.9	34	185.9	2067	PANDIAN	53938	8	8.2
13	24	102.7		103.5	3	3.3	4	15.5	10.5	225	2067	PANDIAN	53950	8	8.35
14	29	105.7	28	108.1	3	8	3	7.8	63	229.6	2067	PARTHA	53964	7.4	8.1
15	18	38.6		67.5	2	4.4	4	13.3	52	123.8	2067	PANDIAN	53973	7.3	8
16	12	61.6	10	51.3	1	1.8	2	3.8	25	118.5	2067	KALAIVANI	53984	7.3	8
17	24	101	18	85.9	2	2.2	4	14.9	48	204	2067	KALAIVANI	77701	7.45	8.15
18	18	94.2	16	74.3	4	4.2	2	2	40	174.7	8978	PANDIAN	77711	7.45	8.15
19	21	80.2	23	91	3	3.7	4	9	51	183.9	2633	PANDIAN	77724	8	8.3
20	27	103.9	25	98.9	4	3.5	1	1.5	57	207.8	2633	MAHESH	77737	8	8.3
21	18	90.7	13	64.3	3	3.2	4	19.8	38	178		KALAIVANI	77749	7.4	8.1
22	9	37.2	8	26.3	2	2	4	11	23	76.5		KALAIVANI	77763	7.4	8.05
23	16	90	17	94.5	5	5.3	5	15.2	43	205		PANDIAN	77775	8.15	8.45
24	24	104.7	20	75.1	3	3.6	6	14.7	53	198.1		SUMITHA	77787	8.15	8.45
25	18	96.8	19	99.7	9	10.5	4	7.1	50	214.1		PARTHA	77799	8.3	9
26	30	101	32	109.8	2	3.5	8	16.5	72	230.8		PANDIAN	77811	8	8.3

27	10	00.6	40												
$\vdash$	18	98.6	18	96.2	0	0	2	1.5	38	196.3	2633	KALAIVANI	77821	8.1	8.4
28	26	118.2	22	111.2	1	1.3	2	4.6	51	235.3		KALAIVANI			8.25
29	36	94.9	28	59.6	1	1.7	3	6.5	68			SUMITHA	77848		
30	29	97.8	22	87.8	2	3.3	8	26		214.9		SUMITHA	77862	8	
31	16	94.7	11	77	4	4.6		3.4	33			KALAIVANI	77878		
	655	2718.9	626	2658.4	82	108	118	327.6	1481	5812.9		IOADAIVAIVI	77070	0.5	3.2
		87.70645	5	85.75484		3.483871		10.56774	0	187.5129					



## MEETING MINUTES

Committee Name:	BMWM SAFETY & HOSPIT	AL SAFETY COM	MITTEE	
Date of Meeting:	05/05/2022	Time: 2.30-3.30PM		
Location:	CONFERENCE HALL	Start:	2.30PM	
Minutes Prepared By:	Mr. Mohan /Ms.Sangeetha	End:	3.30PM	
Presided by:	MR.KARAN PURI			

1. Attendance at Meeting (add rows o	as necessary)
MR.KARAN PURI	UNIT HEAD
DR.SIVA PRASAD	MEDICAL HEAD
DR.SRIMANU	DMO
DR.PRATHEEMA	CCU CONSULTANT
DR.SRIKANTH	EMERGENCY CONSULTANT
DR.ASHWIN	EMERGENCY CONSULTANT
DR.BRAMA	CCU CONSULTANT
OR.SREEVIDYA	MICROBIOLOGIST/ICO
DR.NIRUMAL	CLINICAL PHARMOCOLOGIST
MR.SURESH KUMAR	ENGINEERING HEAD
IR.MOHAN KRISHNAN	HOUSKEEPING HEAD
IS.JEYARANI	NURSING HEAD/PSO
IS.SANGEETHA	QUALITY CELL
IR.GANESH	RSO RSO
R.SHANKAR	HAZMAT CHAMPION
S.KAVITHA	ICN
R.ZEEDAN	CLINCIAL PHARMACIST

NIL



#### 2. Meeting Agenda

- 1. Previous minutes of Safety meet
- 2. Facility rounds updates
- 3. License and returns updation
- 4. Incidents
- 5. Mock drills and ATR
- 6. Hazmat
- 7. Biomedical waste Management Training
- 8. Biomedical waste segregation and monitoring
- 9. FMS indicators
- 10. Points for discussion

## 3. Previous meeting discussions/ follow ups (if any):

NIL

Key Issues Discussed	Root Cause Identified	Agreed Action/ Decision	Assigned To/ Responsibility	Due Date	Follow up/ Status
Facility Rounds – (April)		Facility rounds minutes attached			
Pending License and returns update	BMWS License pending	All documents submitted along with submitted to PCB- Maraimalarnagar	Mr. Mohan		
Review of AIRS data om April  TOTAL INCIDENTS- 30  1.Fall -0 2.NSI -2 3.MEDICAL -10 4.OPERATIONAL-18	Lack of awareness and training Equipment safety awareness	Regular training and awareness session for the employees	HODS/QSO	Ongoing process	



in an experience of the second	on-Olvik			Apollo	
Review of Mock drill (April) Code purple Code blue/MET Code Red	Observation points were closed immediately Emphasized on reinforcement of staff training	Staff training as the calendar by respective trainer	L&D / Nursing	Ongoing process	_
HAZMAT Nil incidence	NA	Staff training as the calendar by respective trainer	L&D/HK	Ongoing process	
BMWS		GJ visit is planned for this month  As many new nurses joined training and awareness on BMW segregation and prevention of NSI to be done.	Mr. Mohanakrishna n / Ms. Kavitha		
Lab safety	NA	All points in the lab safety committee closed. Hazmat list finalized	Lab safety officer		
Radiation safety	NIL				
FMS INDICATORS Discussed all parameters on FMS (April)		HOT permit - 16 Cold Permit - 10	Mr. Suresh	Immediat e effect	
Points for discussion:		2000			
Rain water seepage in SECOND FLOOR		Roofing sheet needs to be replaced	Mr. Suresh	15days	
Scrap policy revisited		Mr. Durai to call the vendor for removal of scrap	Mr. Durai	1week	Personal Security Company
Call bell system		Call bell system to be provided in all opds – rest room	Mr. Suresh	15days	
Floor defective	Near RMG gate	Concrete floor filling to be done	Mr. Suresh	15days	

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Staff training	New joinee	Staff to be trained on		HOBERT.
		first aid measures, Prevention of needle stick injury	ICN/L&D	Ongoing process

General comments (if any).

(Chairperson)

KARAN PURI

Apollo Speciality Hospitals OMR Chennai - 600 096



## MEETING MINUTES

Committee Name:	BIOMEDICAL WASTE MAN	BIOMEDICAL WASTE MANAGEMENT & SAFETY COMMITTEE					
Date of Meeting:	30/11/2021	Time: 4-5PM					
Location:	CONFERENCE HALL	Start:	4PM				
Minutes Prepared By:	Mr. Mohana Krishnan, Mr. Suresh Kumar & Ms. Sangeetha	End:	5PM				
Presided by:	MR.KARAN PURI		-				

Attendance at Meeting (add rows as ne	ecessary)
MR.KARAN PURI	UNIT HEAD
DR.STEPHEN	MEDICAL HEAD
OR.RANJINI	DMO
MR.SURESH KUMAR	ENGINEERING HEAD
MR.MOHAN KRISHNAN	HOUSKEEPING HEAD
MS.JEYARANI	NURSING HEAD/PSO
MS.SANGEETHA	QUALITY CELL
MR.SURESH	HUMAN RESOURCE
MS. OSHIN AJMAL PALAKAL	BIO-MEDICAL
AR.GANESH	RSO
MR.SHANKAR	HAZMAT CHAMPION
MR.DURAI BABU	CRS INCHARGE
MS.KAVITHA	ICN
POLOGIES:	
NIL	
A sph man	



#### 2. Meeting Agenda

- 1. Previous minutes of Safety meet
- 2. Facility rounds updates
- 3. License and returns updation
- 4. Incidents
- 5. Mock drills and ATR
- 6. Hazmat
- 7. Lab safety
- 8. Radiation safety
- 9. FMS indicators
- 10. Points for discussion



## 3. Previous meeting discussions/ follow ups (if any):

NIL

Root Cause   Agreed Action/ Decision		Assigned To/ Responsibility	Due Date	Follow up/ Status	
Facility Rounds - (OCT )	Rounds - (OCT ) Facility rounds minutes attached				
Pending License and returns update	BMWS License pending	All documents submitted along with submitted to PCB- Maraimalarnagar	Mr. Mohan		
Review of AIRS data from OCT TOTAL INCIDENTS- 25		D		Ongoing	
1.Fall -1 2.NSI -2	Lack of awareness and training  Equipment safety	Regular training and awareness session for the employees	L&D	process	
MEDICAL -12 awareness  OPERATIONAL-10					







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Review of Mock drill (OCT) Code purple Code blue/MET Code Red Code Grey	Observation points were closed immediately Emphasized on reinforcement of staff training	Staff training as the calendar by respective trainer	L&D / Nursing	Ongoing process	
HAZMAT Nil incidence	NA	Dear treatment		Ongoing process	
BMWS	Pandemic management	Separate flow process adhered for code green patient (COVID 19). Training for the staff to be done on the same.  BMW segregation protocol on double cover with proper labelling, usage of linens to be followed as per the Government guidelines.	n/Ms. Kavitha		
Lab safety	NA	All points in the lab safety safety committee closed. Hazmat list finalized			
Radiation safety	NIL				
FMS INDICATORS Discussed all parameters on FMS (OCT)		HOT permit – 16 Cold Permit - 10	Mr. Suresh	Immediate effect	
Points for discussion:	Construction (Construction of the Construction of the Cons				
Rain water seepage in 4th floor		Roofing sheet needs to be replaced	Mr. Suresh	15days	
Scrap policy revisited		Mr. Durai to call the vendor for removal of scrap (18th Oct- e waste sent)	Mr. Durai	1week	

Call bell system		Call bell system to be provided in all opds – rest room	Mr. Suresh	15days
Floor defective	Near RMG gate	Concrete floor filling to be done	Mr. Suresh	15days
Stan training		Staff to be trained on first aid measures, Prevention of needle stick injury	ICN/L&D	Ongoing process

General comments (if any):

Signed by:

(Chair person)

KARAN PURI
General Manager-Operations
Apollo Speciality Hospitals OMR
Chennai - 600 096.

# 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)]

Particulars		
Particulars of the Occupier **		
(i) Name of the authorised person (occupier or operator of facility)	1	Apollo Speliatity hospital
(ii) Name of HCF or CBMWTF	1	Apollo Speliality hospital
(iii) Address for Correspondence	1	05/139 perungudi oma ch-98
(iv Address of Facility	1	05/649, perungudi oma ch-96
(x)Tel. No. Fax. No	1:	014-3322 1111 , 3322 1999
(vi) E-mail ID	1	Karan-p@ apollo hospital . com
(vii) URL of Website		Www. apollo hospital - Com
(viii) GPS coordinates of HCF or CBMWTF	1	W tasa - upuna naspita - cors
(ix) Ownership of HCF or CBMWTF	1	(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.: 17 Bac 66 20 95 6valid up to 31/03/202)
(xi). Status of Consents under Water Act and Air Act		Valid up to: 31/03/2021
Type of Health Care Facility	TX.	
	-	No. of Beds, 200
(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any	7	NA
The state of the s		17 BAC 66 20956 / 31/03/202
Details of CBMWTF:	7	NA NA
(i) Number healthcare facilities covered by CBMWTF	**	·NA
(ii) No of beds covered by CBMWTF	:	NA
(iii) Installed treatment and disposal capacity of CBMWTF	1	_∧∕A _ Kg per day
(is a Quantity of biomedical waste treated or	15	NA Kg/day
	Particulars of the Occupier  (i) Name of the authorised person (occupier or operator of facility)  (ii) Name of HCF or CBMWTF  (iii) Address for Correspondence  (iv) Address of Facility  (v) Tel. No. Fax. No  (vi) E-mail ID  (vii) URL of Website  (viii) GPS coordinates of HCF or CBMWTF  (ix) Ownership of HCF or CBMWTF  (x) Status of Authorisation under the Bio-Medical  Waste (Management and Handling) Rules  (xi). Status of Consents under Water Act and Air Act  Type of Health Care Facility  (i) Bedded Hospital  (ii) Non-bedded hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (iii) License number and its date of expiry Details of CBMWTF  (ii) Number healthcare facilities covered by CBMWTF  (iii) Installed treatment and disposal capacity of CBMWTF	Particulars of the Occupier  (i) Name of the authorised person (occupier or operator of facility)  (ii) Name of HCF or CBMWTF  (iii) Address for Correspondence  (iv) Address of Facility  (v) Tcl. No. Fax. No  (vi) E-mail JD  (vii) URL of Website  (viii) GPS coordinates of HCF or CBMWTF  (ix) Ownership of HCF or CBMWTF  (x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules  (xi). Status of Consents under Water Act and Air Act  Type of Health Care Facility  (ii) Non-bedded hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (iii) License number and its date of expiry  Details of CBMWTF  (ii) Number healthcare facilities covered by  CBMWTF  (iii) Installed treatment and disposal capacity of  CBMWTF