

1st June 2021

To
**The District Environmental Engineer,
Tamil Nadu Pollution Control Board,
Karur.**

Dear Sir,


Sub: Annual Report for Bio medical waste FORM IV - Reg

We here with furnish the Annual report for Bio medical waste for the year 2020 in **Form IV** as per BMW Rules-2016.

Thanking You

With warm regards,

For **APOLLO LOGA HOSPITAL – KARUR**


Dr. ROHINI SRIVIDHAR
Chief Operating officer





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(CBMWTF)

	Particulars	
1	Particulars of the Occupier	
	(i) Name of the authorised person (occupier or operator of facility)	Dr. ROHINI SRIDHAR , Chief Operating Officer
	(ii) Name of HCF or CBMWTF	Apollo Loga Hospital - Karur
	(iii) Address for Correspondence	163,A-E Allwyn Nagar, Kovai Road, Karur
	(iv) Address of Facility	163,A-E Allwyn Nagar , Kovai Road, Karur
	(v) Tel. No. Fax. No	Tel : 98429-81211 , Fax: 04565-232940
	(vi) E-mail ID	palanivel_p@apollohospitals.com
	(vii) URL of website	www.apollohospitals.com
	(viii) GPS coordinates of HCF	---
	(ix) Ownership of HCF	M/S Ramky Energy and Environment Ltd
	(x) Status of Authorisation under the Bio-Medical waste (Management and Handling) Rules	AuthorizationNo: JCEE-M/SMZ/TNPCB/F.0388KAR/BWA/OL/KAR/2016 dated 08/06/2019
	(xi) Status of Consents under Water Act and Air Act	Air consent order no : 2108237342474 Valid up to : 31.03.2023 Water consent order no : 2108137342474 Valid up to : 31.03.2023
2	Type of Health Care Facility	Hospital
	(I) Bedded Hospital	No.of Beds :60
	(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	Authorization No:JCEE-M/SMZ/TNPCB/F.0388KAR/BWA/OL/KAR/2016 dated 08/06/2019
3	Details of CBMWTF	----
	(I) Number healthcare facilities covered by CBMWTF	----
	(ii) No of beds covered by CBMWTF	----
	(iii) Installed treatment and disposal	----

	capacity of CBMWTF :				
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	-			
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Red : 1241.65 Kg Yellow :1596 Kg Sharp : 169.25 Kg Blue : 365 Kg			
5	Details of the storage, treatment, transportation, processing and Disposal Facility				
	(I) Details of the on-site storage facility	Size : 3520mm *1660 mm Capacity : 64 Sqft * 3 Rooms			
	(ii)Disposal facilities	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:	---	---	---
	(iii) Quantity of recyclable wastes sold to authorized recyclers after Treatment in kg per annum.	---			
	(iv) No of vehicles used for collection and transportation of biomedical waste	---			
	(v) Details of incineration ash and ETP sludge generated and disposed	Description	Quantity Generated	Where Disposed	

	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	M/s.Ramky Energy and Environment Ltd		
	(vii) List of member HCF not handed Over bio-medical waste.			
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.	06		
	(ii) number of personnel trained	48		
	(iii) number of personnel trained at the time of induction	48		
	(iv) number of personnel not undergone any training so far	---		
	(v) whether standard manual for Training is available?	Available		
	(vi) any other information)			
8	Details of the accident occurred during the year			
	(i) Number of Accidents occurred	Nil		
	(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 air Pollution from the incinerator? How many times in last year could not met The standards?	----		
	Details of Continuous online emission monitoring systems installed	----		
10	Liquid waste generated and treatment Methods in place. How many times you have not met the standards in a Year?	Having 75 KLD - STP		
11	Is the disinfection method or sterilization meeting the log 4 Standards? How many times you have Not met the standards in a year?	----		

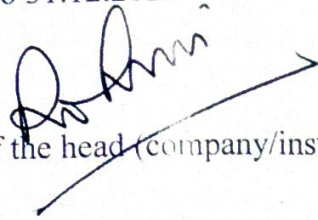
12	Any other relevant information	----
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Certified that the above report is for the period from: 01.01.2020 to 31.12.2020

Date: 01.06.2021

Place: Karur

Signature of the head (company/institution)



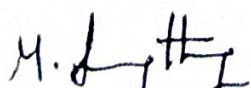
APOLLO LOGA HOSPITAL, KARUR
BIO MEDICAL WASTE MANAGEMENT REPORT - 2020
YEARLY STATEMENT

Month	Red	Yellow	Sharp(White)	Blue	Total
January	140	161	22.5	31	354.5
February	110	123	19.3	29	281.3
March	110	108	31	31	280
April	115.5	93	19.7	30	258.2
May	97	135	12.6	31	275.6
June	90	129	9	30	258
July	93	124.5	9.3	31	257.8
August	90	137	9	30	266
September	100	127	9	30	266
October	109.15	139	9.3	31	288.45
November	94	152.5	9.25	30	285.75
December	93	167	9.3	31	300.3

Total	1241.65	1596	169.25	365	3371.9
Avg/Month	103.47083	133	14.104166	30.416666	280.99
Avg/Day	3.449027	4.433333	0.470138	1.013888	9.36


A. Sethupathy

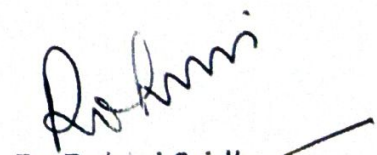
HK Dept


M. Loganathan

Engg Dept


P. Palanivel

General Manager-Engg


Dr. Rohini Sridhar

Chief Operating Officer

APOLLO HOSPITALS, KARUR

Bio Medical Waste Management Committee Meeting

Date:24.07.20

Venue: Conference Hall

Members of the Committee	Signature
1.Dr.Sridhar (Head Hospital Administration, Medical services)	
2.Dr.Vignesh (Quality System)	<i>Vignesh</i>
3.Mr.M Balamurugan(Housekeeping)	<i>Balamurugan</i>
4.Ms.Chithra(Infection control Nurse)	<i>Chithra</i>

Points discussed:

S No	Points Discussed	Reason for Discussion	Designated Department (HOD)	Expected date of Completion
1	Bar code system should be introduced for bags or containers containing BMW to be sent out of the premises within one year from the date of the notification - HIC team	According to BMW current guidelines March-2016	Head Hospital / Quality / ITD / HK-HOD	It was implemented due to Corona Sticker may be Required it was conveyed to the Vendor after normalization it will be provided
2	BMW Segregation visit	Pending	Quality / Infection control Team /HK HOD	Dec-2020
3	To train the New All staff BMW Segregation	New staffs Joining	Quality / Infection control Team /HK HOD	Dec-2020
4	BMW Segregation area Internal to be Display by board	New staffs Joining	Quality / Infection control Team /HK HOD	Dec-2020

Prepared by

Balamurugan

Approved by

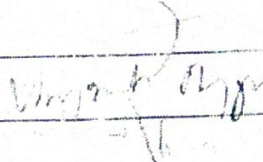
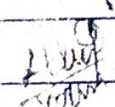
Dr.K.SRIDHAR, M.D.,
Head Hospital Administration &
Medical Services
Apollo Hospitals, Karur

APOLLO HOSPITALS, KARUR

Bio Medical Waste Management Committee Meeting

Date:31.01.20

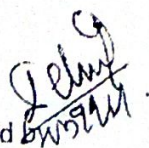
Venue: Conference Hall

Members of the Committee	Signature
1.Dr Sridhar (Head Hospital Administration, Medical services)	
2.Dr Vignesh (Quality System)	
3.Mr.Sethu(Housekeeping)	
4.Ms.Chithra(Infection control Nurse)	

Points discussed:

S. No	Points Discussed	Reason for Discussion	Designated Department (HOD)	Expected date of Completion
1	Bar-code system should be introduced for bags or containers containing BMW to be sent out of the premises within one year from the date of the notification - HIC team	According to BMW current guidelines March-2016	Head Hospital / Quality / ITD / HK-HOD	Discussion is going on with M/s Ramky Agencies (Pollution control board Authorized person) As per them it will be implemented soon
2	BMW Segregation visit	Pending	Quality / Infection control Team /HK-HOD	MAY - 2020
3	To train the New All staff BMW Segregation	New staffs Joining	Quality / Infection control Team /HK-HOD	MAY 2020
4	BMW Segregation area Internal to be Display by board .	New staffs Joining	Quality / Infection control Team /HK-HOD	MAY 2020

Prepared



Approved by

