



To,  
The District Environmental Engineer,  
Tamil Nadu Pollution control Board,  
77-A South Avenue Road,  
Ambattur Industrial Estate,  
Ambattur Taluk, Chennai- 600058

Dear Sir,

Sub: - Bio Medical Waste (BMW) Under Biomedical waste management and handling Rule 2016  
Furnishing of biomedical Annual returns for the period January 2018 to December 2018  
Form IV Submission reg

Please find enclosed herewith the Form IV of Biomedical Annual returns for the period of  
January 2018 to December 2018

Kindly acknowledge the receipt.

Thanking you,

Yours faithfully,

For Apollo speciality Hospitals, Vanagaram

(UNIT OF APOLLO HOSPITALS ENTERPRISES LTD)

Gen. Manager - Operations

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											
1	<b>Particulars of the Occupier :</b>											
	(i) Name of the authorised person (occupier or operator of facility)	CEO of Apollo Specialty Hospitals - Vanagaram										
	(ii) Name of HCF or CBMWTF	Apollo Specialty Hospitals-Vanagaram (A Unit of Apollo Hospitals Enterprises Ltd )										
	(iii) Address for Correspondence :	No. 64, Vanagaram- Ambattur Main Road, Ayanambakkam, Chennai- 600095										
	(iv) Address of Facility	No. 64, Vanagaram- Ambattur Main Road, Ayanambakkam, Chennai- 600095										
	(v) Tel. No, Fax. No :	044-26537777										
	(vi) E-mail ID :											
	(vii) URL of Website											
	(viii) GPS coordinates of HCF or CBMWTF	GPS coordinates not available										
	(ix) Ownership of HCF or CBMWTF : (State Government or Private or Semi Govt. or any )	Health Care Establishment										
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorization No 18BAZ9142046 Dated 18/08/2018 Valid up to 31/03/2019										
	(xi). Status of Consents under Water Act and Air Act	Consent Order No. 170518889391 Valid Up to 31/03/2019										
	<b>2. Type of Health Care Facility :</b>											
	(i) Bedded Hospital : No. of Beds	277 beds										
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	Not Applicable										
	(iii) License number and its date of expiry											
	<b>3. Details of CBMWTF :</b>											
	(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)	<table border="1"> <tr> <td>Yellow Category</td><td>: 24,713.39 kg</td></tr> <tr> <td>Red Category</td><td>: 25,237.75 kg</td></tr> <tr> <td>White</td><td>: 1088.95 Kg</td></tr> <tr> <td>Blue Category</td><td>: 6,143.90 kg</td></tr> <tr> <td>General Solid waste</td><td>: General Garbage</td></tr> </table>	Yellow Category	: 24,713.39 kg	Red Category	: 25,237.75 kg	White	: 1088.95 Kg	Blue Category	: 6,143.90 kg	General Solid waste	: General Garbage
Yellow Category	: 24,713.39 kg											
Red Category	: 25,237.75 kg											
White	: 1088.95 Kg											
Blue Category	: 6,143.90 kg											
General Solid waste	: General Garbage											



5 Details of the Storage, treatment, transportation, processing and Disposal Facility				
(i) Details of the on-site storage facility		Size : Dedicated storage room Size 10M X 2M Capacity : To store 500kg of waste Provision of on-site storage : (cold storage or any other provision) : No cold storage provision		
(ii) Details of the treatment or disposal facilities		No of units	Capacity Kg/day	Quantity Treated or disposed in kg per annum
Incinerators		No on site disposal		
Plasma Pyrolysis				
Autoclaves				
Microwave				
Hydroclave				
Shredder				
Needle tip cutter or destroyer		102		
Sharps encapsulation or concrete Pit		Not Applicable		
Deep burial pits:		1	Companied ETP With hypo dosing system provided	
Chemical disinfection:		Packed Type sodium Hypo Dosing system provided		
Any other treatment equipment				
(iii) Quantity of recyclable wastes sold to authorized recyclers after Treatment in kg per annum. Red Category (like plastic, glass etc.)		Dose not arise		
(iv) No of vehicles used for collection and transportation of biomedical waste		Dose not arise as vehicle provided by CBMWFT		
v) Details of incineration ash and ETP sludge generated and disposed Quantity Generated during the treatment of wastes in Kg / annum		Incineration Ash	Quantity Generated	Where disposed
(vi) Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes are disposed of		ETP Sludge		
(vii) List of member HCF not handed Over bio-medical waste.		G J M ULTICLAVE(INDIA)PRIVET LIMITED		
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	Four training per month		
	(i) Number of trainings conducted on BMW Management			
	(ii) number of personnel trained	100 Nos		
	(iii) number of personnel trained at the time of induction	50 Nos		

	(iv) number of personnel not undergone any training so far	Nil
	(v) Whether standard manual for training is available?	Yes
	(vi) any other information)	Nil
8	Details of the accident occurred during the year	No accident occurred
	(i) Number of Accidents occurred	NA
	(ii) Number of the persons affected	NA
	(iii) Remedial Action taken (Please attach details if any)	NA
	(iv) Any Fatality occurred, details.	NA
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA
	Details of Continuous online emission monitoring systems installed	No
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Discharge standards have been achieved through the year as per consent condition
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
12	Any other relevant information : (Air Pollution Control Devices attached with the Incinerator)	Nil

Certified that the above report is for the period from January 2018 to December 2018

Date :

Place :

Name and Signature of Head of Institution

**D. KINGSLEY**  
Sr. General Manager-Operations



Bio Medical Waste Management Committee

Date of meeting: 14-11-2018

Venue: 4th floor board room, ASHR

Members of the committee

MS. SHANTHI. J

MR. SIVAKUMAR. S

Signature

J. Shanthi 03/01

JANAKIRAM SANTH  
Asst Nursing Director

S. SIVAKUMAR  
Manager - HK

Name of the Employees Participated

MR. SUBRAMAN, MR. PRAKASH, MR. RAJASEKAR, MS. JAKULIN, MS. JAYAKAVI,  
MS. GIRIJA, MS. FAITH, MS. SURYA, MS. NARESH, Mr. Mani Marudan

Agenda: List of items discussed in the meeting

1. Biomw Segregation not happening properly.
2. Green cwn - need to be change as per TNPCB
3. SHARP containers / Hub cutter - need to be implement Bar coding.

Plan of action

1. Plan wise to be taken Training class
2. Green cwn has been implemented. Location marking to be implemented

Action taken

1. Check list / Audit implemented every quarterly for Biomw Segregation.
2. Green cwn - De-Bio cradle Identified vendor & also given order.
3. Sharp / needle cutter check list monitored.

Signature of the center

D. KINGSLEY

Sr. General Manager-Operations

Signature of HK HOD

S. SIVAKUMAR  
Manager - HK

Apollo Hospitals Enterprises Limited

Location Address:

Bio Medical Waste Management Committee

Date of meeting: 03/01/2019.

Venue: 4th floor board Room, ASHV.

Members of the committee

Signature

MS. SHANTHI.J

JANAKIRAM  
Asst Nursing

MR. SIVAKUMAR.S

S. SIVAKUMAR  
Manager - HK

Name of the Employees Participated

MR. SUBRAMANI, MR. PRAKASH, MR. RAJASEKAR, MS. JAKULIN, MS. JAYARANI  
MS. GIRIJA, MS. FAITH, MS. SURYA

Agenda : List of items discussed in the meeting

1. Broom Segregation not happening properly
2. Green cover - need to be change as per TNPCB
3. Sharp container / Hub cutter - need to be implement Bar coding.

Plan of action

1. Floor wise to be taken Training class
2. Green cover has been implemented.

Action taken

1. Checklist / Audit implemented Every Quarterly for Broom Segregation
2. Green cover - De Biocord life Identified vendor & also given order.

Signature of the center

Signature of HK HOD

S. SIVAKUMAR  
Manager - HK