



Date : 12/01 / 2022

To

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

Dear Sir,

Sub:- Filling of Annual Report (Form- IV) - Reg

Please find enclosed herewith the Annual Report (Form – IV) for the period January 2021 to December 2021 duly filled for your reference

Kindly acknowledge the receipt of the same.

Thanking You

Yours faithfully,

For Apollo Hospitals Enterprises Ltd,

Authorized Signatory



Encl: - From – IV (Annual Report)

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)	Mrs. Vijaya Meenakshi
	(ii) Name of HCF or CBMWTF	Apollo Medical Centre
	(iii) Address for Correspondence	No: 2/319, OMR, Karapakkam, Chennai-97
	(iv) Address of Facility	No: 2/319, OMR, Karapakkam, Chennai-97
	(v) Tel. No, Fax. No	: 044-30707423
	(vi) E-mail ID	: munusamy_a@apollohospitals.com
	(vii) URL of Website	www.apollohospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	Latitude: 13.033625
	(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.: 19BAZ28151120, Dated: 23.12.2019, valid up to 31.03.2029.
	(xi). Status of Consents under Water Act and Air Act	: Valid up to: 31.03.2029
2.	Type of Health Care Facility	: Hospitals
	(i) Bedded Hospital	: No. of Beds: 50
	(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	
3.	Details of CBMWTF	:
	(i) Number healthcare facilities covered by CBMWTF	:
	(ii) No of beds covered by CBMWTF	: 50
	(iii) Installed treatment and disposal capacity of CBMWTF:	: 37 Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	: 37 Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	: Yellow Category : 1757.1 Kgs (183.942 Kgs) Red Category : 1287.6 Kgs (251.014 Kgs) White: 131.5.00 Kgs (18.785 Kgs) Blue Category : 332.7 Kgs (47.528 Kgs)

		General Solid waste:																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
	(i) Details of the on-site storage facility	: Size : 90 Sqft x 6 Nos																																																
		Capacity :																																																
		Provision of on-site storage : (cold storage or any other provision)																																																
	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 Plasma</td><td></td><td></td><td></td></tr> <tr><td>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	: One Vehicle																																																
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	<table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr><td>Incineration Ash</td><td></td><td></td></tr> <tr><td>ETP Sludge</td><td></td><td></td></tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash			ETP Sludge																																									
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	: G.J.Multiclave Pvt Ltd.																																																
	(vii) List of member HCF not handed over bio-medical waste.																																																	

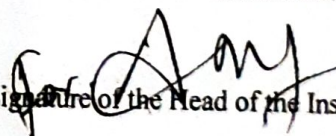
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes Minutes of the meeting details attached.
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	2 Session
	(ii) number of personnel trained	20 Persons
	(iii) number of personnel trained at the time of induction	Ongoing Process
	(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	Nil
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	Nil
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details.	Nil
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	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Yes Nil
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)

Certified that the above report is for the period from

..... From JANUARY 2021 TO DECEMBER 2021

.....
.....

Name and Signature of the Head of the Institution



Date: 04.01.2022

Place: Karapakkam

A. Munusamy
Manager- Engineering
Apollo Medical Centre,
Karapakkam, Chennai-97

ting held on 20th April 2022.

/a, Mr Clement, Mr Ashok, Mr Rajesh, Mr Divya Ambigai, Ms Meenakumari, Ms Linnet,		
Responsibility	Department	Action Taken
HOD	Unit	
Mr Guna/ Mr Munusamy	Security / Engineering	
Mr Guna/ Ms Juliana	Security/ Nursing	
HOD	Unit	
HOD	Unit	
Ms Sunimetilda	Radiology	
Mr Munusamy	Engineering	
Mr Prakash	F & B	
Mr Munusamy	Engineering	
Mr Munusamy / Mr Prakash	Engoneering / F&B	
Mr Munusamy	Engineering	
Mr.Munusamy/ Ms.Juliyana	Engg/Nursing	
Mr.Munusamy/ Mr.Guna	Engg/Nursing	
Ms.Suni/Ms.Sowmiya	Radiyalogy	

Kindly find the MOM of the Safety Committee meet

Meeting Hosted by	Mr Sabari / Mr Munusamy
Chair Person	Ms Vijaya Meenakshi
Member's Present	Mr Sabari, Ms Juliana, Mr Vignesh, Mr Bala, Ms Aarthi, Ms Aishwary Gunasekar, Mr Irfan, Mr Prasad, Dr Sarth Babu, Dr Padmapriya, Dr C Ms Santhanalakshmi,
Points Discussed	Remarks
Monthly Facility Audit Findings	Needs to be documented with the corrective actions taken
Awareness of emergency Scoop	Awareness session has to be given to the new staffs
Restriction of Children in the IP	To avoid the Hazards
Hazardous Chemicals	List has to be given from all the respective departments
Incident Report	Needs to be filed in the Portal as well.
RSO	Dr Sindhuja has been Nominated
Safety Alarm	False Alarm has to be rectified.
Food Safety	Has to be Monitored and Quality standards has to be initiated
Nurse Changing Room	Place needs to be identified
Fire Awareness	F&B staffs adequate training has to be planned
False Ceiling - Canteen	Needs to be rectified, Wall has been cracked
To identify the rescue team	To add the Nursing Staffs as well.
Fire Training	To be conducted fire training for new comers
X Ray Door	Awareness for the Pregnant patients, Doors has to be closed.

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