

To,

Date 23-06-2021

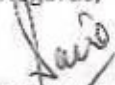
Regional Officer
UP Pollution Control Board
Sector-1, Noida.


Subject: Annual Report of bio Medical Waste for 2020.

Respected Sir,

This is to inform you that, we have submitting annual report of BMW for 2020.

Regards,


Raj Kumar Raina
Unit Head
Apollo hospital
E-2, Sec-26, Noida


23-06-21
के.के.एम.ए.ए.
ए.ओ. प्रो. प्रकाश चिन्मय शर्मा
निदेशक, निदेशक, से. 1

Form - IV
(See rule 13)
ANNUALREPORT

[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 authorized person (occupier or operator of facility)	:	Raj Kumar Rana
	(ii) Name of HCF or CBMWTF	:	Apallic Hospital, Noida
	(iii) Address for Correspondence	:	E-2, Sec-26, Noida
	(iv) Address of Facility	:	E-2, Sec-26, Noida
	(v) Tel. No. Fax. No	:	011-4012000
	(vi) E-mail ID	:	Eng-noida@apallichospital.com
	(vii) URL of Website	:	www.apallichospital.com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: 1502/BMW/14/2019 Date: 27/12/2019 Valid up to 31/12/2021
(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/12/2021	
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:.....75
	(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	:	31/12/2021	
3.	Details of CBMWTF	:	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:	:	_____ Kg per day... NA
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day...NA
4.	Quantity of waste generated or disposed in Kg. per annum (on monthly average basis)	:	Yellow Category : 638 kg
		:	Red Category : 9147 kg
		:	White: 732 kg
		:	Blue Category : 1058 kg
		:	Covid Waste 298 kg
		:	General Solid waste:

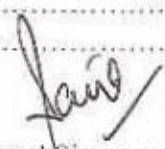
5	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage facility	:	Size :			
			Capacity :			
			Provision of on-site storage	:	(cold storage or any other provision)	
	Disposal Facilities		Type of treatment equipment	No of y s	Cap acit r Kg/ day	Quantity treatedo unit disposed in kg per annum
	By m/s Medicare Environmental Management Pvt. Ltd (626)		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.	:	Red Category (like plastic, glass etc.)			
	(iv) No of vehicles used for collection and transportation of biomedical waste	:				
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge	Quantity generated	Where disposed	NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Medicare Environmental Management Pvt. Ltd., C-21 Phase - 1, M.G. Road, UPSIDC Industrial Area, Ghaziabad ,201015			
	(vii) List of member HCF not handed over bio-medical waste.		NA			
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		documents attached			

7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	} Documents attached.
	(ii) number of personnel trained	
	(iii) number of personnel trained at the time of induction	
	(iv) number of personnel not undergone any training so far	
	(v) whether standard manual for training is available?	
	(vi) any other information)	
8	Details of the accident occurred during the year	} N/A
	(i) Number of Accidents occurred	
	(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?	NA
	Details of Continuous online emission monitoring systems installed	NA
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): NA

Certified that the above report is for the period from

..... Annual Report from Jun '20 to Dec '20

.....



Name and Signature of the Head of the Institution

Date:

Place



REGIONAL OFFICE
U.P. POLLUTION CONTROL BOARD
NOIDA

E-12/1, Sector-1, Noida, Gautam budh Nagar
Email : ronoida@uppcb.com, Ph.no. : 0120-4974552

Ref. No : 1577/BMW/19-14/2019

Date : 27/2/2019

To,

M/S-Appolo Hospitals
E-02, Sector-26,
Noida, Gautam Budh Nagar.

(Authorization for operating a facility for generation, collection, reception, treatment, storage, transport and disposal of biomedical wastes)

1. File number of authorization - A-14
2. M/S- Appolo Hospitals, E-02, Sector-26, Noida, Gautam Budh Nagar an occupier of the facility located at is hereby granted an authorization for;

Activity	Please tick
Generation, segregation	✓
Collection	✓
Storage	✓
Packaging	✓
Reception	✓
Transportation	X
Treatment or Processing or Conversion	X
Recycling	X
Disposal or destruction Use	X
Offering for sale, transfer	X
Any other form of handling	X

3. M/s Appolo Hospitals, E-02, Sector-26, Noida, Gautam Budh Nagar an occupier of the facility located at is hereby authorized for handling of biomedical waste as per the capacity given below ;

1	Number of beds of HCF	75 Beds
2	Number healthcare facilities covered by CBMWTF	N.A
3	Installed treatment and disposal capacity (Kg/Day)	N.A
4	Area or distance covered by CBMWTF	N.A
5	Quantity of Biomedical waste handled, treated or disposed	N.A

Type of Waste Category	
Yellow	22 Kg/day (Approx.)
Red	27 Kg/day (Approx)
White (Translucent)	08 Kg/day (Approx)
Blue	5.5 Kg/day (Approx)

4. This authorization shall be in force for a period of 03Years (upto 31.12.2021).
5. This authorization is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986

ATTENDANCE SHEET

TRAINING PROGRAM

TRAINER

DATE

TIME/DURATION

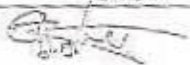
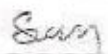

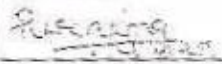
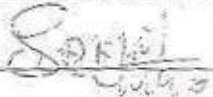

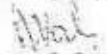

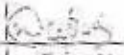


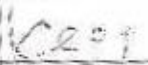

VENUE

: SIC - MEDICAL WASTE MANAGEMENT (SILKES)
 : DR. SANJAY (MIS MEDICARE ENLIGHTENED -
 PUT LTD.)
 : 14/3/2020
 : 3PM -
 : CAFE

SN	CLOCK NO	NAME	DEPARTMENT	SIGN
1	1122655	RIN PUKBAR	1ST FLOOR	<i>[Signature]</i>
2	1067275	RIN RUDY	M BU	<i>[Signature]</i>
3	030604	RIN S. M. K. K.	DIALYSIS	<i>[Signature]</i>
4	090592	RIN SAROSWATI	1ST FLOOR	<i>[Signature]</i>
5	1128140	RIN M. S. K.	IPD	<i>[Signature]</i>
6	002589	RIN ANGGY K. PHALIP	EPD	<i>[Signature]</i>
7	1078507	RIN RAS	NICU	<i>[Signature]</i>
8	1157387	RIN SYALIP	NTCU	<i>[Signature]</i>
9	1137862	RIN SHELLY	ICU	<i>[Signature]</i>
10	1159541	RIN ABILLAUWA	NICU	<i>[Signature]</i>
11	25000	RIN S. K.	IPD	<i>[Signature]</i>
12	4593	RIN S. K.	Engg	<i>[Signature]</i>
13	6994	ATM KIRWAN	DIALYSIS	<i>[Signature]</i>
14	3167	ANER RAGA	ST-EURIT	<i>[Signature]</i>
15	10147	Prasant	HK	<i>[Signature]</i>
16	10117	Anggish	HK	<i>[Signature]</i>
17	10002	K. S. K.	HK	<i>[Signature]</i>
18	10162	M. S. K.	HK	<i>[Signature]</i>
19	5473	RIN S. K.	Pharmacy	<i>[Signature]</i>
20	0003	Prasant	Pharmacy	<i>[Signature]</i>
21	10062	Ajau K. M. S. K.	Pharmacy	<i>[Signature]</i>

ATTENDANCE SHEET

TRAINING PROGRAM :
 TRAINER :
 DATE :
 TIME/DURATION :
 VENUE :

SN	CLOCK NO	NAME	DEPARTMENT	SIGN
1	10003	Tang Erwin	H.K	
2	10008	Sonia	GDA	
3		Anita	GDA	
4	10885	USHA DEVI	H.K	USHA
5	1147529	RIN PURNIMA	LR	
6	026496	SANWI PASIDHARAN	NUSSING (LR)	
7	1097282	RIN NIKHIA MATHA	RICA (ISS)	
8	6237	Ms. Reena Vasa	DNS	
9	110040	Rini Satriana	EME	
10	116082	RIN NURAN	EME	
11	6131	Jagbir	C&SD	
12		Radhika Patel	PHARMACY	
13	F-1535	Kailash	Engg	
14		Jaydeep Chhota	Medicine	
15				
16				
17				
18				
19				
20				
21				

ATTENDANCE SHEET

TRAINING PROGRAM :
 TRAINER :
 DATE : 25/11/2020
 TIME/DURATION :
 VENUE : CAFE

SN	CLOCK NO	NAME	DEPARTMENT	SIGN
1	08:45-9	Rina Susy P. W...	KSU	[Signature]
2	...	[Faded Name]	[Faded Dept]	[Signature]
3	...	[Faded Name]	[Faded Dept]	[Signature]
4	...	[Faded Name]	[Faded Dept]	[Signature]
5	...	[Faded Name]	[Faded Dept]	[Signature]
6	...	[Faded Name]	[Faded Dept]	[Signature]
7	...	[Faded Name]	[Faded Dept]	[Signature]
8	...	[Faded Name]	[Faded Dept]	[Signature]
9	...	[Faded Name]	[Faded Dept]	[Signature]
10	...	[Faded Name]	[Faded Dept]	[Signature]
11	...	[Faded Name]	[Faded Dept]	[Signature]
12	...	[Faded Name]	[Faded Dept]	[Signature]
13	...	RINA SUGETA	PCU	[Signature]
14	...	[Faded Name]	[Faded Dept]	[Signature]
15	...	[Faded Name]	[Faded Dept]	[Signature]
16	...	[Faded Name]	[Faded Dept]	[Signature]
17	...	[Faded Name]	[Faded Dept]	[Signature]
18	...	[Faded Name]	[Faded Dept]	[Signature]
19	...	[Faded Name]	[Faded Dept]	[Signature]
20	...	[Faded Name]	[Faded Dept]	[Signature]
21	...	[Faded Name]	[Faded Dept]	[Signature]

ATTENDANCE SHEET

TRAINING PROGRAM

TRAINER

DATE

TIME/DURATION


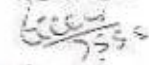

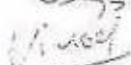
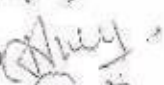



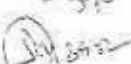


VENUE

Dr. S. S. Srinivasan
 28/11/2020
 8:00 AM - 12:00 PM
 CAFE

SN	CLOCK NO	NAME	DEPARTMENT	SIGN
1	004437	Rinu Suby P. Varghese	ICN	
2	004432	Rinu Suresh	ICN	
3	004433	Yasodhara	ICN	
4	004436	Rinu Suresh	ICN	
5	004438	Suresh	ICN	
6	004439	Rinu Suresh	ICN	
7	004440	Rinu Suresh	ICN	
8	004441	Rinu Suresh	ICN	
9	004442	Rinu Suresh	ICN	
10	004443	Rinu Suresh	ICN	
11	004444	Rinu Suresh	ICN	
12	004445	Rinu Suresh	ICN	
13	004446	Rinu Suresh	ICN	
14	004447	Rinu Suresh	ICN	
15	004448	Rinu Suresh	ICN	
16	004449	Rinu Suresh	ICN	
17	004450	Rinu Suresh	ICN	
18	004451	Rinu Suresh	ICN	
19	004452	Rinu Suresh	ICN	
20	004453	Rinu Suresh	ICN	
21	004454	Rinu Suresh	ICN	
22	004455	Rinu Suresh	ICN	

MEETING MINUTES

Committee Name:	Infection Control Committee		
Date of Meeting:	5.08.20		
Location:	AHC Cafeteria, 3 rd Floor	Start Time :	3pm
Minutes Prepared By:	R/N Suby ICN	End Time :	4pm
Presided by:	Mr. Raj Raina – Unit Head		

1. Attendance at Meeting	
Mr Raj Raina	R/N Sheeja 
Dr Saurabh	R/N Sonia 
Ms. Beena Valson 	Mr Vinod 
Dr Neha Minocha 	Mr Ram Nandan Raut 
Dr Deepali Jain 	
R/N Suby Varghese 	
R/N Inderpreet 	
Mr. Shobhnath 	
Mr Sunil 	

2. Meeting Agenda
<ul style="list-style-type: none"> a. NSI b. Contact precautions c. Biomedical waste

3. Previous Agenda
<ul style="list-style-type: none"> a. Prophylactic Antibiotics. b. Restricted antibiotics c. HAI Discussion

G. Action Items/Discussion tracker					
Key issues discussed	Root cause identified	Agreed action / decision	Assigned to / responsibility	Due date	Follow up / status
Previous meeting point discussion					
Prophylactic Antibiotics.					In process
Restricted antibiotics					In process
NSI	NSI – 1 LAB	Training on NSI	ICN	Continuous process	
Contact precautions	COVID cases are increasing	Contact precautions training	ICN	Continuous process	
Biomedical waste	Biomedical waste mixing	Training on Biomedical waste	ICN	Continuous process	

General comments (if any): NIL



Signed by:

(Chairperson)



MEETING MINUTES

Committee Name:	Infection Control Committee		
Date of Meeting:	8 January 2020	Time:	
Location:	AHC Cafeteria, 3 rd Floor	Start:	15:00
Minutes Prepared By:	Dr Neha Minocha	End:	15:45
Presided by:	Dr Pratibha Dabas		

1. Attendance at Meeting *(add rows as necessary)*

Dr Pratibha	Mr Sudhanshu
Sis Beena Valson	Mr Kailash
Dr Neha Minocha	
Dr Deepali Jain	
Sis Inderpreet	
Sis Nisha	
Dr Rahul Gupta	
Dr S P Sarkar	
Dr Sudhir	
Sis Sheeja	
Sis Sreemol	
Sis Divya (Dialysis)	
Sis Sonia	

APOLOGIES:

2. Meeting Agenda

1. Previous meeting point discussion
2. Changes in Data Presentation
3. Discussion on Infection rates
4. Continuing 300 days of Infection free ICU

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

1. Discussion on Infection rates
2. Continuing 300 days of Infection free ICU

4. Action Items/ Decision tracker (add rows as necessary)					
Key Issues Discussed	Root Cause Identified	Agreed Action/ Decision	Assigned To/ Responsibility	Due Date	Follow up/ Status
Previous meeting point discussion					In process
Changes in Data Presentation	Data presentation needs modification as suggested in 360 audit	Format updation to be done	ICN		
Discussion on Infection rates	VAP- 0, CAUTI-0, BSI-0, SSI- 0				
Continuing 300 days of Infection free ICU	VAP and CAUTI monitoring of ICU				

General comments (if any): NIL



Signed by:

(Chairperson)