

03rd Jan, 2025

To

The District Environmental Engineer,
Tamil Nadu Pollution Control Board,
Sivagangai.

Dear Sir,

Sub: Annual Report for Bio medical waste - Reg

We here with furnish the Annual report for Bio medical waste for the year 2024 in **Form IV** as per **BMW Rules-2016**.

With warm regards,

For **APOLLO HOSPITALS – KARAİKUDI**.



P.NEELAKANNAN
Chief Operating officer



Form – IV

(See rule 13)

ANNUAL REPORT

To be submitted to the prescribed authority on or before 30th April every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF).

	Particulars	
1	Particulars of the Occupier	
	(i) Name of the authorised person (occupier or operator of facility)	P.NEELA KANNAN, Chief Operating Officer
	(ii) Name of HCF	Apollo Reach Hospitals
	(iii) Address for Correspondence	Managiri Sukkenenthal Village, Thirupathur bye road, Karaikudi – Sivagangai (Dt).
	(iv) Address of Facility	Managiri Sukkenenthal Village, Thirupathur bye pass road, Karaikudi – Sivagangai (Dt).
	(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	---
	(x) Status of Authorisation under the Bio-Medical waste (Management and Handling) Rules	Authorization No: 22BAZ37900074 Valid up to : 31.03.2025
	(xi) Status of Consents under Water Act and Air Act	Air consent order no : 2108237344242 Valid up to : 31.03.2025 Water consent order no : 2108137344242 Valid up to : 31.03.2025
2	Type of Health Care Facility	Reach Hospital
	(I) Bedded Hospital	100
	(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	No : 22BAZ37900074 , Valid up to : 31.03.2025
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	25 Kg per day

4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Red : 138.58 Kg. per month Yellow : 133.90 Kg. per month Sharp : 33.92 Kg. per month Blue : 34.76 Kg. per month			
5	Details of the storage, treatment, transportation, processing and Disposal Facility				
	(I) Details of the on-site storage facility	Size : i) 9'x 8'.1" ii) 9'x 8'.3" iii) 9'x 7'.1" iv) 9'x 8'.1" v) 9'x 8'.5"			
	(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 during the treatment of wastes in Kg per annum	Description	Quantity Generated		Where Disposed
		Incineration	--		
		Ash	--		
		ETP Sludge	--		

	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	M/s. Medicare Enviro Systems -Tanjore
	(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.	12
	(ii) number of personnel trained	43
	(iii) number of personnel trained at the time of induction	11
	(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	----
	(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 36 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?	----

Certified that the above report is for the period from: 01.01.2024 to 31.12.2024

Date: 03.01.2025

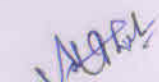
Place: Karaikudi

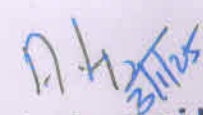

Signature of the head
(company/institution)

APOLLO REACH HOSPITALS - KARAIKUDI
BIO-MEDICALS WASTE MANAGEMENT 2024
YEARLY STATEMENT

MONTH	RED-KG	YELLOW-KG	SHARP-KG	BLUE-KG	Total
JANUARY	446.193	341.966	77.424	82.151	947.734
FEBRUARY	498.135	429.079	72.278	87.723	1087.22
MARCH	398.398	366.127	68.744	71.747	905.016
APRIL	162.66	158.617	29.761	34.6	385.638
MAY	126.234	123.12	30.424	29.645	309.423
JUNE	113.581	117.008	27.67	27.212	285.471
JULY	155.901	154.76	39.623	38.73	389.014
AUGUST	317.898	309.78	59.47	68.397	755.545
SEPTEMBER	411.622	375.486	72.844	74.394	934.346
OCTOBER	447.991	417.162	70.961	70.306	1006.42
NOVEMBER	403.568	409.392	76.856	84.946	974.762
DECEMBER	472.758	417.474	80.916	88.022	1059.17
TOTAL	3954.939	3619.971	706.971	757.873	9039.75
Per Month Avarage	329.57825	301.66425	58.91425	63.15608333	753.313
Per Day Avarage	10.83544932	9.917728767	1.936906849	2.076364384	24.7664


M. Murugesan
Executive - HK


A. Chithirakumar
Engg Dept


A. Selvakumari Lavanya
Hospital Administrator

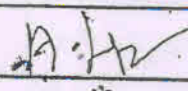

P. Palanivel
GM-Engg Dept


P. Neelakannan
Chief Operating Officer

Apollo Reach Hospital , Karaikudi
Bio Medical Waste Management Committee

Date of Meeting: 17-05-2024

Venue : MS Room

Members of the Committee	Signature
1. Mrs .Selvakumari Lavanya.A (Hospital Administrator)	
2. Dr.Gokulakrishnan (Medical Superintend)	
3 , Mr.Murugesan ("Housekeeping")	
4. Sis. Kaleeswari (ICN)	 R. Kaleeshy

Name of the Employees participated

1, Ganesan -HK - Emp No 1069563

Agenda : List of items discussed in the meeting

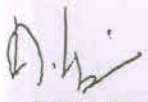
1. Bio medical waste – Sharp Discard

Plan of action

1. Needle disposal training to new staffs (EMR)
2. Weekly reporting of sharp disposal to ICN

Status of implementation/reviewed

1. To be reviewed in weeks' time


Signature of the Center Head


Signature of HK HOD

Date of Meeting: 23-12-2024

Venue : Hospital Administrator Room

Members of the Committee	Signature
1 ,Mrs .Selvakumari Lavanya.A (Hospital Administrator)	
2 ,Mr.Murugesan (Housekeeping coordinator)	
3 ,Mr. Ismail(Quality)	
4, Sis,Kaleeswari (ICN)	

Name of the Employees participated

1, Vanitha; 2,Jesudoss

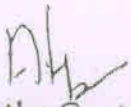
Agenda : List of items discussed in the meeting

1. Improving hand hygiene practices
2. Discussed incident regarding Bio Medical Waste disposal

Plan of action

1. Planned the training twice a month, and evaluated the pre and post test analysis

Status of implementation/reviewed


Signature of the Center Head


Signature of HK HOD

APOLLO REACH HOSPITALS KARAIKUDI

ICN ATTENDANCE SHEET

Date:

S.No	Name	Department	Signature
1	Dr. Naveen	Medical Superintendent	~~Naveen~~
2	Dr. Thanigai	Consultant	~~Ths~~
3	Mr. Velmani	Quality.	~~Vel~~
4	Dr. Shritarini	OBG	~~Sh~~
5	Dr. Aasaiselvan	Ortho.	~~Aas~~
6	Mrs. Bhuvaneshwari	Nursing officer clinical Pharmacist.	~~Bhu~~
7	Mr. Ashok.	LAB	~~Ash~~
8	Ms. Udhaya	F&B	~~Udhaya~~
9	Ms. Shalini	Ward Nurse	~~Shal~~
10	Ms. Malarkodi	Ward Nurse	~~Mal~~
11	Ms. Elavarasi	ICU Nurse	~~Elavarasi~~
12	Ms. Murugesan	House keeping HOB	~~Murug~~
13	Mr. Chitraiselvan	Maintenance.	~~Chit~~
14	Ms. Rajathi.	OT Incharge.	~~Rajathi~~
15	Mr. Manimekali	Nursing officer.	~~Mani~~
16	Dr. Anusuya	Infection control officer	~~Anu~~
17			
18			
19			
20			