



**ANNUAL REPORT (2019)**

[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)]

Sr No:	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorized person :	DR. BHARATSINH SHIVDAM GADHVI
	(ii) Name of HCF or CBWTF :	HCG CANCER CENTRE
	(iii) Address for Correspondence :	Opp Sola Police Chowky, Sola Science City Road, Ahmedabad-380060, Dist: Ahmedabad, Tal: Ahmedabad
	(iv) Address of Facility :	Care Bmw Incineration Plot No. 1216 AND 17,Santej,Kalol,Gandhinagar, Dist: GANDHINAGAR-5
	(v) Tel. No, Fax. No :	9099933730
	(vi) E-mail ID :	mayur.gajjar@hcgshospitals.in
	(vii) URL or Website :	www.hcgshospitals.in
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 23.0620, Long: 72.5412
	(ix) Ownership of HCF or CBWTF :	Private
	(x) Status of Authorization under BMW Rules:	Auth No: BMW-337231, Valid Upto: 1/5/2023
	(xi) Status of Consent under Water, Air Act :	Consent No: BAWH-91300, Valid Upto: 1/5/2023

**Type of Health Care Facility**

2	(i) Bedded Hospital	81	
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	CAN-Cancer	
2	(iii) License number and its date of expiry	BMW-337231 lifetime	

**Quantity of waste generated or disposed in Kg per annum(on monthly average basis)**

4	(i) Yellow Category	2780.000	
4	(ii) Red Category	3272.000	
4	(iii) White Category	1096.000	
4	(iv) Blue Category	3312.000	
4	(v) General Solid Waste	2000.000	

**Details of the Storage, treatment, transportation, processing and Disposal Facility**

5	(i) Details of the on-site storage facility	We have central Storage in basement	
5	(ii) Treatment Facility	Outsourced to CARE BMW	
5	(iii) Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum.	0.000	
5	(iv) No. of vehicles used for collection and transportation of biomedical waste	2	
5	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	we don't have ETP plant	
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Care Bmw Incineration	

**BMW management committee**

6	Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period	Yes	we are conducting meeting 6 monthly
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**Details trainings conducted on BMW**

7	(i) Number of trainings conducted on BMW Management	24	
7	(ii) Number of Personnel trained	200	
7	(iii) Number of personnel trained at the time of induction	250	
7	(iv) Number of personnel not undergone any training so far	0	
7	(v) Whether standard manual for training is available	Yes	
7	(vi) Any other information	nil	

**Details of the accident occurred during the year**

8	(i) Number of Accident occurred	0	
8	(ii) Number of the persons affected	0	
8	(iii) Remedial Action taken (Please atch details if any)	nil	
8	(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?	Yes	autoclaved, incinerator, and then dumping
9	Details of Cuntinuous online emission monitoring sstems installed	yes we have	
10	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	0	
11	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	Yes	autoclave, plasma, eto strerilize
12	Any other relevant information	no	

10	Bio-Medical waste generated for Yellow Category & Quantity	2780.000	
10	Bio-Medical waste generated for RED Category & Quantity	3272.000	
10	Bio-Medical waste generated for White Category & Quantity	1096.000	
10	Bio-Medical waste generated for Blue Category & Quantity	3312.000	
15	Member of CBWTF ? if Yes Name of CBWTF And Validity of CBWTF Membership	Care Bmw Incineration	

**Certified that the above report is for the period from**

**Date:**

**Place:**

**Name and Sign of The Head of HCF**

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Surge Hospital  
Ahmedabad  
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**DR. BHARATSINH SHIVDAM GADHVI**