

HCG City Cancer Centre



**The Specialist
in Cancer Care**

To
The Environmental Engineer
Andhra Pradesh Pollution Control Board
Gurunanak Road, Vijayawada-8
Andhra Pradesh.

Date: 01/06/2021

Sir,

Sub: Submission of Form-IV-Annual report for the period of January 2020 to December 2020-

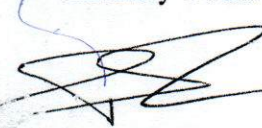
Reg

Ref:- **Kr-674/APPCB/ZO-VJA/BMWM/2016-880.**

With reference to above subject we are hereby submitting the Biomedical Waste monthly return for our HCG City Cancer Centre located at D.No.33-25-33, Chalasani Venkata Krisniah Street, Suryarao pet, Vijayawada. Please find the enclosed details of January. 2020 to December 2020.

Thanking You

Sincerely Yours


Mr. MD. Raghuram

Chief Operating Officer
HCG City Cancer Centre
Vijayawada.



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 2020 to December 2020 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)	:	Dr. Raghuram (COO)
	(ii) Name of HCF or CBMWTF	:	HCG CITY CANCER CENTRE
	(iii) Address for Correspondence	:	# 33-25-33, Chalasani Venkata Krisniah Street, Suryarao pet, Vijayawada
	(iv) Address of Facility	:	Same as above
	(v) Tel. No, Fax. No	:	0866-2435900, 2435901, 2438331
	(vi) E-mail ID	:	sridharmuni@hcgel.com
	(vii) URL of Website	:	www.hcgel.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 Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: Kr- 674/APP/CB/ZO- VJA/BMWM/2016-880 valid up to 30/06/2021
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 20/11/2022
2.	Type of Health Care Facility	:	HOSPITAL
	(i) Bedded Hospital	:	No. of Beds: 60
	(ii) Non-bedded hospital	:	Nil
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	NA
3.	Details of CBMWTF	:	NA
	(i) Number of healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA	Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 1530 kgs Red Category : 1631 kgs White: 359 kgs Blue Category : 788 kgs General Solid waste: 1298 kgs																																																	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																			
	(i) Details of the on-site storage facility	:	Size : 100 sq.feet Capacity : Provision of on-site storage : (cold storage or any other provision)																																																	
	(ii) Details of the treatment or 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</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td>NA</td> </tr> </tbody> </table>		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators			NA	Plasma Pyrolysis			NA	Autoclaves			NA	Microwave			NA	Hydroclave			NA	Shredder			NA	Needle tip cutter or destroyer			NA	Sharps encapsulation or concrete pit			NA	Deep burial pits:			NA	Chemical disinfection:			NA	Any other treatment equipment:			NA
Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum																																																	
Incinerators			NA																																																	
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Chemical disinfection:			NA																																																	
Any other treatment equipment:			NA																																																	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) No																																																	
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	One																																																	
	(v) Details of incineration ash and ETP sludge generated and disposed		Quantity generated	Where disposed																																																

	during the treatment of wastes in Kg per annum	Incineratio Ash ETP Sludge	NA
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	Safenviron	
	(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	YES	
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.	12	
	(ii) number of personnel trained	136	
	(iii) number of personnel trained at the time of induction	15	
	(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	NIL	
	(i) Number of Accidents occurred	NIL	
	(ii) Number of the persons affected	NIL	
	(iii) Remedial Action taken (Please attach details if any)	NIL	
	(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?	NIL	
	Details of Continuous online emission monitoring systems installed	NIL	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	NO	
11	Is the disinfection method or sterilization meeting the log 4		

	standards? How many times you have not met the standards in a year?		NIL
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from **JANUARY 2020 TO DECEMBER 2020**



Name and Signature of the Head of the Institution

Date:

Place

:

- | | | |
|-----|---|------------------|
| (a) | Empanelled Hospitals/Cancer units | - Rs 10.00 Lakhs |
| (b) | Eye Centre | - Rs 2.00 Lakhs |
| (c) | Dental Clinics | - Rs 2.00 Lakhs |
| (d) | Physiotherapy Centres | - Rs 2.00 Lakhs |
| (e) | Rehabilitative Centres and Hospices | - Rs 2.00 Lakhs |
| (f) | Diagnostic Laboratories / Imaging Centres | - Rs 2.00 Lakhs |

(PBG for charitable organizations would be 50% of above amount)

36. **Forfeiture of PBG.** Action to be taken against hospitals regarding Forfeiture of PBG is indicated in Appendix B.

37. The Performance Bank Guarantee shall be forfeited and the ECHS shall have the right to de-recognize the medical facility as the case may be. Such action could be initiated on the basis of a complaint, input from other sources, medical audit or inspections carried out by ECHS teams at random. The decision of the Ministry of Defense, Department of ESW in this regard shall be final.

38. **Indemnity.** The empanelled medical facility shall at all times, indemnify and keep indemnified ECHS / the Government against all actions, suits, claims and demands brought or made against it in respect of anything done or purported to be done by the medical facility in execution of or in connection with the services under this Agreement and against any loss or damage to ECHS/the Government in consequence to any action or suit being brought against the ECHS / the Government, along with (or otherwise), medical facility as a Party for anything done or purported to be done in the course of the execution of this Agreement. The medical facility will at all times abide by the job safety measures and other statutory requirements prevalent in India and will keep free and indemnify the ECHS from all demands or responsibilities arising from accidents or loss of life, the cause or result of which is the medical facility negligence or misconduct. The medical facility will pay all indemnities arising from such incidents without any extra cost to ECHS and will not hold the ECHS responsible or obligated. ECHS / the Government may at its discretion and shall always be entirely at the cost of the medical facility defend such suit, either jointly with the medical facility enter or singly in case the latter chooses not to defend the case.

39. **Dissolution of Partnership.** Should the medical facility get wound up or partnership is dissolved, the ECHS shall have the right to terminate the Agreement. The termination of Agreement shall not relieve the medical facility or their heirs and legal representatives from the liability in respect of the services provided by the medical facility during the period when the Agreement was in force. The medical facility shall notify the Regional Centre of any material change in their status and their shareholdings or that of any Guarantor of the in particular where such change would have an impact on the performance of obligation under this Agreement.

40. **Modification to Agreement.** This agreement may be modified or altered only after written confirmation from Central Org ECHS.

41. **Termination of Agreement.** The Regional Centre will obtain written concurrence of the Central Organisation, ECHS before taking the any decision of terminating the Agreement. The ECHS may, without prejudice to any other remedy for breach of Agreement, by written notice of default sent to the medical facility terminate the Agreement in whole or part without assigning any reason after giving 30 days notice:-

(a) **Termination For Default.**

(i) If the empanelled medical facility fails to provide any or all of the services for which it has been empanelled within the period(s) specified in the Agreement or within any extension thereof if granted by the ECHS pursuant to Condition of Agreement.

HCG CITY CANCER CENTRE VIJAYAWADA**Details of BMW ANNUAL REPORT - 2020/21**

Sl No.	Generation Date	Yellow Wgt(kgs)	Blue Wgt(kgs)	Red Wgt(kgs)	White	General
1	April'2021	97.87	86.7	112.68	29.6	114
2	May'2021	105.707	50.361	42.552	18.1	98
3	June'2021	142.43	57.4	128.73	27.74	105
4	July'2021	127.043	76.28	127.805	27.6	120
5	August'2021	163.6	73.8	173.45	47	95
6	September'2021	154.351	60.69	122.542	19.9	115
7	October'2021	97.1	34.6	95.181	22.5	100
8	November'2021	118.15	57.6	125	29.5	95
9	December'2021	180.18	92.35	193.071	29	110
10	January'2021	136.5	55.2	129.661	39.8	126
11	February'2021	92.05	85.24	169.655	17.2	95
12	March'2021	115.82	57.9	210.8	51.5	125
		1530.8	788.121	1631.13	359.44	1298

HCG City Cancer Centre



**The Specialist
in Cancer Care**

Date: 26-03-2022

To
The Environmental Engineer
Andhra Pradesh Pollution Control Board
Gurunanak Road, Vijayawada-8
Andhra Pradesh.

Sir,

Sub: Submission of from IV Annual report for the period of January 2021 to December 2021-Reg

Ref: Kr-674/APP/PCB/ZO-VJA/BMWM/2016-880

With reference to above Subject we are hereby submitting the Biomedical waste monthly Annual returns for our HCG City Cancer Centre located at D.NO. 33-25-33, Chalasani Venkata Krisanayya Street, Suryaraopet, Vijayawada.

Please find the enclosed details of January-2021 to December 2021.

Thanking you

Sincerely Yours

Mr. Ravi Kiran. G
Chief Operating Officer
HCG City Cancer Centre
Vijayawada.



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 2021 to December 2021 of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

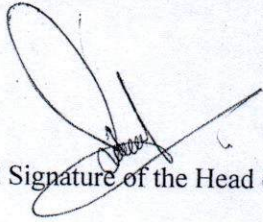
Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Mr. Ravi Kiran.G (COO)
	(ii) Name of HCF or CBMWTF	:	HCG CITY CANCER CENTRE
	(iii) Address for Correspondence	:	# 33-25-33, Chalasani Venkata Krisniah Street, Suryarao pet, Vijayawada
	(iv) Address of Facility		Same as above
	(v) Tel. No, Fax. No	:	0866-2435900, 2435901, 2438331
	(vi) E-mail ID	:	sridharmuni@hcgel.com
	(vii) URL of Website		www.hcgel.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 Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: Kr-674/APP/CB/ZO-VJA/BMW/2016-880 valid up to 30/06/2022
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 20/11/2022
2.	Type of Health Care Facility	:	HOSPITAL
	(i) Bedded Hospital	:	No. of Beds: 60
	(ii) Non-bedded hospital	:	Nil
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		NA
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:	:	NA

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA	Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 1976 kgs	
			Red Category : 2066 kgs	
			White: 577 kgs	
			Blue Category : 1064 kgs	
			General Solid waste: 1393 kgs	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility			
	(i) Details of the on-site storage facility	:	Size : 100 sq.feet	
			Capacity :	
			Provision of on-site storage : (cold storage or any other provision)	
	(ii) Details of the treatment or disposal facilities	:	Type of treatment equipment	No of units Capacity Quantity treated or disposed per annum in kg
			Incinerators	NA
			Plasma Pyrolysis	NA
			Autoclaves	NA
			Microwave	NA
			Hydroclave	NA
			Shredder	NA
			Needle tip cutter or destroyer	NA
			Sharps encapsulation or concrete pit	NA
			Deep burial pits:	NA
			Chemical disinfection:	NA
			Any other treatment equipment:	NA
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)	No
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	One	
	(v) Details of incineration ash and ETP sludge generated and disposed		Quantity generated	Where disposed

	during the treatment of wastes in Kg per annum	Incineratio Ash ETP Sludge	NA
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	Safenviron	
	(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	YES	
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.	24	
	(ii) number of personnel trained	67	
	(iii) number of personnel trained at the time of induction	17	
	(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	NIL	
	(i) Number of Accidents occurred	NIL	
	(ii) Number of the persons affected	NIL	
	(iii) Remedial Action taken (Please attach details if any)	NIL	
	(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?	NIL	
	Details of Continuous online emission monitoring systems installed	NIL	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	NO	
11	Is the disinfection method or sterilization meeting the log 4		

	standards? How many times you have not met the standards in a year?		NIL
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from **JANUARY 2021 TO DECEMBER 2021.**


Name and Signature of the Head of the Institution



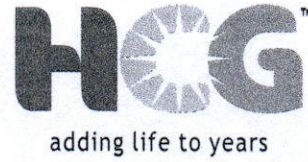
Date: 26-03-2022
Place: Vijayawada

HCG CITY CANCER CENTRE VIJAYAWADA
Details of BMW form JAN 2021 To DEC 2021

Sl No.	Month	Yellow Wgt(kgs)	Blue Wgt(kgs)	Red Wgt(kgs)	Containers /Sharps Wgt(kgs)	General waste (KGS)
1	Jan-21	136.5	55.2	129.66	39.8	146
2	Feb-21	92.05	85.24	169.655	17.2	102
3	Mar-21	115.821	57.9	210.8	51.5	113
4	Apr-21	221.156	135.233	206.172	79.3	96
5	May-21	203.56	135.71	162.85	71.1	98
6	Jun-21	217.222	114.581	194.343	60.611	139
7	Jul-21	156.434	96.5	134.256	67.211	127
8	Aug-21	171.622	124.919	145.278	57.711	116
9	Sep-21	194.817	85.28	184.67	34	128
10	Oct-21	165.457	68.2	142.88	33.4	106
11	Nov-21	159.511	57.5	214.173	30.8	114
12	Dec-21	142.177	48.5	171.311	34.4	108
	Total	1976.327	1064.763	2066.048	577.033	1393



HCG City Cancer Centre



**The Specialist
in Cancer Care**

To
The Environmental Engineer
Andhra Pradesh Pollution Control Board
Gurunanak Road, Vijayawada-8
Andhra Pradesh

Date: 02.1.2023

Sir,

Sub: Submission of from IV Annual report for the period of January 2022 to December - 2022- Reg

Ref: -Kr-674/APPCB/ZO-VJA/BMWM/2016-880.

With reference to above subject we are hereby submitting the Biomedical Waste Annual returns for our HCG city cancer Centre located at D.no. 33-25-33, Chalasani venkata Krishnayya street, suryarao pet, Vijayawada. Please find the enclosed details of biomedical waste generated for the year of January - 2022 to December - 2022.

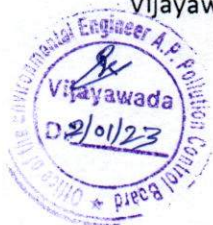
Thanking You

Sincerely Yours

Authorized Signatory

HCG City Cancer Centre

Vijayawada.



HCG CITY CANCER CENTRE VIJAYAWADA

Details of BMW for the Period of JANUARY - 2022 (TO) DECEMBER - 2022

Sl o.	Generation Date	Yellow Bag	Yellow Wgt(kgs)	Cytotoxic Yellow Bag	Cytotoxic Yellow Wgt(kgs)	Blue Bag/Box	Blue Wgt(kgs)	Red Bags	Red Wgt(kgs)	Container /Sharps	Containers/Sh arps Wgt(kgs)	TOTAL BAG COUNT	TOTAL WEIGHT COUNT
1	Jan.22	59	138.35	53	109.14	12	39.7	61	149.761	8	17	193	453.951
2	Feb.22	64	115.51	52	102.3	11	36.35	66	132.86	9	16.13	202	403.15
3	Mar.22	74	124.4	54	88.46	8	26	72	108.55	11	20.12	219	367.53
4	Apr.22	76	144.45	40	83.1	13	41	78	135.461	6	12.5	213	416.511
5	May.22	110	188.652	63	113.26	17	57.9	102	154.8	6	10.5	290	512.012
6	Jun.22	103	162.91	81	127	12	34.9	98	142.7	5	13.3	299	480.81
7	Jul.22	96	157.476	65	94.33	14	35.7	94	138.717	7	11.7	276	437.923
8	Aug.22	104	142.486	70	101.78	21	64.95	100	136.9	7	11.76	302	457.876
9	Sep.22	101	171.591	67	107.95	18	50.1	96	135.1	12	18	294	482.741
10	Oct.22	96	165.165	72	117.78	19	54.9	94	148.001	9	14.3	290	500.146
11	Nov.22	90	142.183	61	89.59	19	44.8	94	144.614	9	12.411	273	433.598
12	Dec.22	119	207.817	86	117.33	15	37.6	109	157.693	9	14.16	338	534.6
		1092	1860.99	764	1252.02	179	523.9	1064	1685.157	98	171.881	3189	5480.848

