

Date: 01/06/2021

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

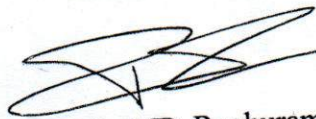
Sir,

Sub: Submission of Form-IV-Annual report for the period of January 2020 to December 2020-Reg
Ref: - **Kr-438/APP/PCB/ZO-VJA/BMWM/2016-1932.**

With reference to above subject we are hereby submitting the Biomedical Waste monthly return for our HCG Curie City Cancer Centre located at D.No. 44-1-1/3, Pa davalarevu, Gundala, Vijayawada. Please find the enclosed Form-IV for the period from January 2020 to December 2020.

Thanking You

Sincerely Yours



Mr. MD. Raghuram
Chief Operating Officer
HCG Curie 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 CURIE CITY CANCER CENTRE |
| | (iii) Address for Correspondence | : | #44-1-1/3, Padavalarevu, Gunadala, Vijayawada-520004 |
| | (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-38/APP/2016-1932 valid up to 31-08-2026 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: 31-10-2021 |
| 2. | Type of Health Care Facility | : | HOSPITAL |
| | (i) Bedded Hospital | : | No. of Beds: 150 |
| | (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 |

(d) This Agreement can be modify or altered only on written Agreement signed by both the parties.

(e) Should the hospitals, exclusive eye Hospital, Diagnostic Centre, Dental Centre/Lab, Imaging Centre, Exclusive Eye Centre, Nursing home, Hospices, Rehab Centre, Physiotherapy Centre, etc get wound up or partnership is dissolve, ECHS shall have the right to terminate the Agreement. The termination of agreement shall not relive the hospital or their heirs and legal representatives from the liability in respect of the services provided by the Healthcare organisation during the period when the Agreement was in force.

In witness whereof, Director, Regional Centre ECHS, Hyderabad for and on behalf of the President of India and the above named medical facility have hereunto set their respective hands and seal the date and year first above written.

Signature of Director, Regional Centre ECHS
Hyderabad, for and in behalf of the President of India
(With stamp of Name & Designation)

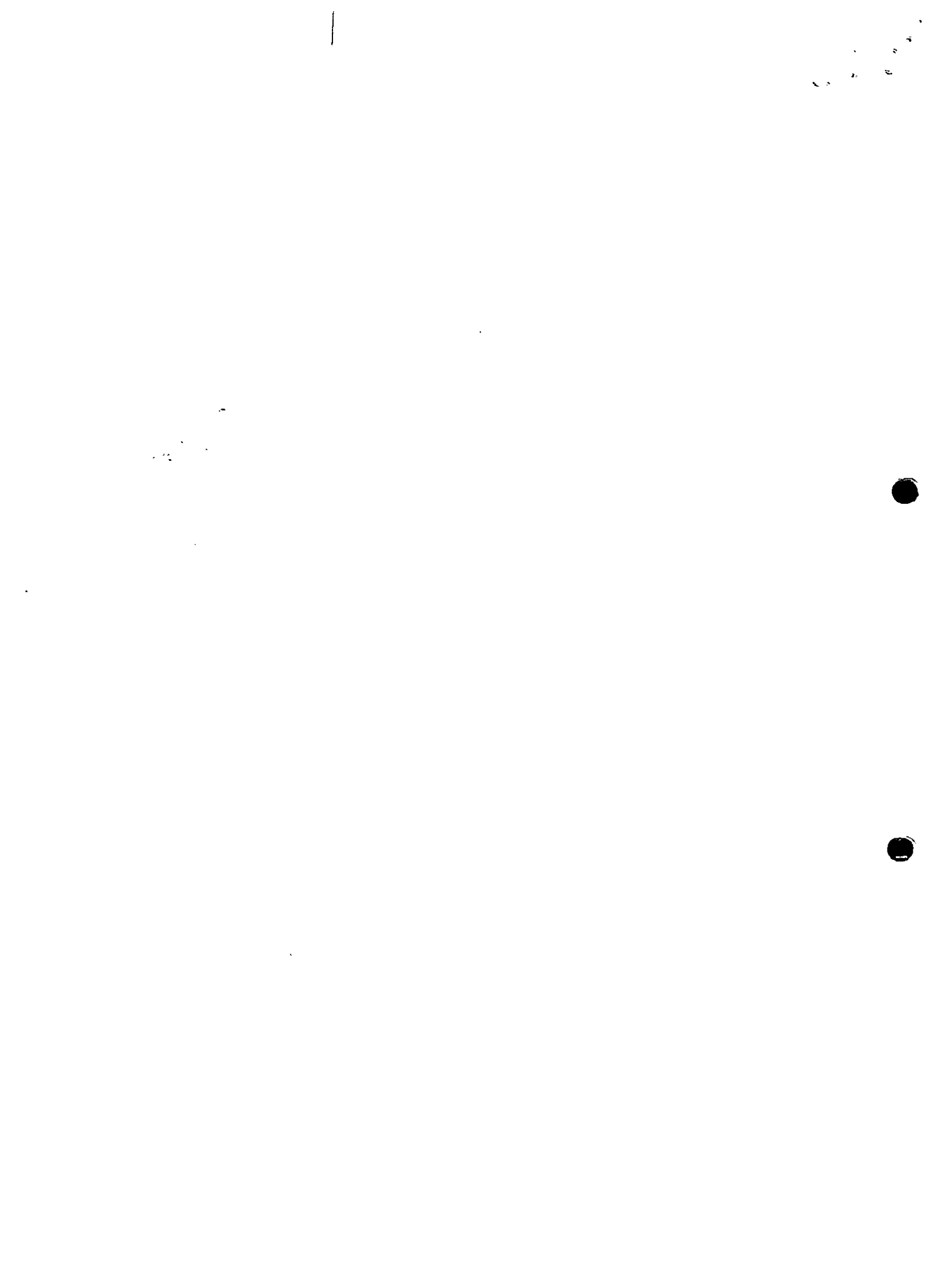
Witness of the signature of Director, Regional
Centre ECHS, Hyderabad
(With stamp of Name & Designation)

Signature of Authorized Signatory of the Hosp
(With stamp of name & Designation)

Witness to the signatory of the Hospital
(With stamp of Name & Designation)


| | | | | | | | |
|---|---|---|------------------------------|-------------|---------------------------------------|------------------------------|-----------|
| | (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 | : | 2342.6 kgs | | |
| | | | Red Category | : | 3195 kgs | | |
| | | | White: | : | 512 kgs | | |
| | | | Blue Category | : | 1391 kgs | | |
| | General Solid waste: | : | 1717 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 | |
| | | | | | Kg/day | 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 | | |
| (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 | | |

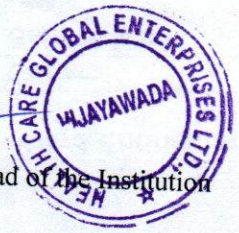
| | | | | |
|----|---|---|----------------------------------|----|
| | during the treatment of wastes in Kg per annum | | Incineratio Ash ETP Sludge | NA |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | : | Safenviron | |
| | (vii) List 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? | | YES | |
| 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

:

- (b) -Vascular Catastrophies including Acute limb ischemia, Rupture of aneurysm, medical & surgical shock and peripheral circulatory failure.
- (c) Cerebro-Vascular Accidents including strokes, neurological emergencies including coma, cerebro-meningeal infections, convulsions, acute paralysis, acute visual loss.
- (d) Acute Respiratory Emergencies including Respiratory failure and de-compensated lung disease.
- (e) Acute abdomen including acute obstetrical and gynecological emergencies.
- (f) Life threatening injuries including Road traffic accidents, Head injuries, Multiple Injuries, Crush Injuries and thermal injuries etc.
- (g) Acute poisonings, Monkey/Dog and snake bite.
- (h) Acute endocrine emergencies including Diabetic Ketoacidosis.
- (i) Heat stroke and cold injuries of life threatening nature.
- (k) Acute Renal Failure.
- (l) Severe infections leading to life threatening sequelae including Septicemia, disseminated/ military tuberculosis etc.
- (m) Acute Manifestation of Psychiatric disorders. [Refer Appx 'D' of Central Organisation letter No B/49778/AG/ECHS/Policy dated 13 Nov 2007.]
- (n) Dialysis treatment.
- (o) Any other condition in which delay could result in loss of life or limb. In all cases of emergency, the onus of proof lies with the Empanelled hospital.

12. **Appropriateness of Emergency.** The nature and appropriateness of the emergency is subject to verification, which may be verified, inspected or medically audited by the nominated authority including while processing of hospital bills. In case emergency is not proved, disciplinary action against the medical facility may be initiated including penal deductions.

13. **"Entitlements for Various Types of Wards".** ECHS beneficiaries are entitled to facilities of private, semi-private or general ward as per category given below as per GoI/MoD letter No 22D(04)/2010/WE/D(Res-I) dt 29 Dec 2017: -

| Ser No | Category | Ward Entitlement |
|--------|--|------------------|
| (i) | Recruit to Havs & equivalent in Navy & Air Force | General |
| (ii) | Nb Sub/ Sub/ Sub Maj or equivalent in Navy & AF (including Hony Nb Sub/ MACP Nb Sub and Hony Lt/ Capt) | Semi Private |
| (iii) | All officers | Private |

Definitions of Wards are as Under:-

(a) **Private Ward.** Private ward is defined as hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air-conditioned.

(b) **Semi Private Ward.** Semi Private Ward is defined as a hospital room where two to three patients are accommodated and which has attached toilet facilities and necessary furnishing.

| HCG CURIE 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 | 93.1 | 104.4 | 132.1 | 26.2 | 150 |
| 2 | May'2021 | 154.9 | 112.6 | 269.6 | 31.1 | 135 |
| 3 | June'2021 | 267.1 | 74.5 | 379.8 | 37.1 | 160 |
| 4 | July'2021 | 274 | 118.2 | 252.15 | 63.35 | 196 |
| 5 | August'2021 | 216.6 | 192.7 | 281 | 71.8 | 115 |
| 6 | September'2021 | 197 | 147 | 241 | 32 | 125 |
| 7 | October'2021 | 220.7 | 110.3 | 347.8 | 13.5 | 145 |
| 8 | November'2021 | 214.8 | 127.3 | 275.5 | 33.1 | 159 |
| 9 | December'2021 | 149 | 20 | 130.1 | 53.3 | 100 |
| 10 | January'2021 | 237.1 | 141.6 | 245.7 | 72 | 216 |
| 11 | February'2021 | 143.7 | 96.8 | 342.2 | 45.8 | 96 |
| 12 | March'2021 | 174.6 | 145.9 | 298.2 | 33.4 | 120 |
| | | 2342.6 | 1391.3 | 3195.15 | 512.65 | 1717 |