

Annual Report  
Cape - 2022.



DATE: 24.06.2023.

TO,

The Environmental Engineer  
Regional Office.  
TSPCB Hyderabad.

Subject : - Annual Report Submission ( Form - IV ).

Dear Sir,

Please Find The Enclosed Annual Report Of Bio Medical Waste Management at CARE Hospitals, Road no 10 , Banjara Hills, Hyderabad For The Period Of January 2022 to December 2022 in form IV.

Thanking you,

With Regards ,

Mr. Nilesh Gupta  
HCOO  
Care Hospitals.



**QUALITY CARE INDIA LIMITED**

CIN: U85110TG1992PLC014728

**evercare group**

**CARE HOSPITALS**

Banjara Hills - 6-3-248/2, Road No.1, Hyderabad - 500034, Telangana, T: (040)-61656565, F: (040)-30418488  
Banjara Hills - CARE Outpatient Centre: Road No 10, Hyderabad - 500034, Telangana, T: (040)-61656565, F: (040)-3931 0140  
E: info@carehospitals.com | W: carehospitals.com

**REGISTERED OFFICE**

\*H.No. 6-3-248/2, Road No.1, Banjara Hills, Hyderabad - 500034, Telangana  
T: (040)-30418888, (040) 23234444 | F: 040-30418488 |

**CORPORATE OFFICE**

H.No. 8-2-120/86/10, 1st Floor, Kohinoor building, Road No.2, Banjara hills,  
Hyderabad -500 034, Telangana

From –IV  
(See rule 13)  
Annual Report

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)	:	M/S Care Hospital ( A unit of quality care India Ltd
	(ii) Name of HCF or CBMWTF	:	CARE Outpatient Centre
	(iii) Address for Correspondence	:	Care Hospital Outpatient Centre, Babukhan Chambers, Road No 10, Avenue 4, Banjara Hills, Hyderabad , Telengana- 50003
	(i) Address of Facility	:	Sy. No . 179 7& 181, Edulapilly (V), Nandigam shad nagar. Ranga Reddy.
	(ii) Tel. No. Fax. No.	:	040-68106589
	(V) E-mail ID	:	info@carehospitals.com
	(i) URL of Website	:	http://www.carehospitals.com/
	(ii) GPS coordinates of HCF or CBMWTF	:	CBMWTF
	(iii) Ownership of HCF of CBMWTF	:	(State Government or Private or Semi Govt. Or any other )
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.	:	Authorization No.326/HYD/TSPCB/ZOH/BMWA/2023-1918 Valid up to: 31/05/2032
	(v) Status of Consents under Water Act and Air Act.	:	Valid up to: 31/05/2032
2.	Type of Health Care Facility	:	Teritary Health Care Facility
	(i) Bedded Hospital	:	No. of Beds: 30
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry.	:	-
3.	Details if CBMWTF	:	
	(i) Number healthcare facilities	:	NA

	covered by CBMWTF																																																		
	(ii) No. of beds covered by CBMWTF	:	NA																																																
	(iii) Installed treatment and disposal capacity of CBMWTF	:	NA																																																
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	NA																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category : 2164 kg /annum Red Category: 1175 kg /annum White: 344 kg/annum Blue Category: 488 kg/annum General Solid waste:106937.54 kg /annum																																																
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 : The Biomedical waste is stored in color coded bins in air conditioned rooms for not more than 48 hours																																																
	(ii) 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></td> </tr> <tr> <td>Plasma Paralysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td>---</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td>----</td> <td></td> </tr> <tr> <td>Deep Burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td>----</td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment Equipment	No of Units	Capacity Kg/day	Quantity treated or disposed In Kg per Annum	Incinerators				Plasma Paralysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer		---		Sharps encapsulation or concrete pit		----		Deep Burial pits:				Chemical disinfection:		----		Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	NA																																																
	(iv) No of vehicles used for collection and transportation of biomedical	:	01																																																



	waste.		
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		Quantity Generated Where disposal Incineration AshNA ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	G J Multiclave (India) Pvt. Ltd. Sy. No. 179 & 181, Edulapally (V), Nandigam Shad Nagar .Ranga Reddy .Telangana
	(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.	:	Bio medical related issues are discussed in Hospital infection control committee meetings.
7.	Detail trainings conducted on BMW		
	(i) Number of training conducted on BMW Management.		24
	(ii) Number of personnel trained		480
	(iii) Number of personnel trained at the time of induction		48
	(iv) Number of personnel not undergone any training so far.		0
	(v) Whether standard manual for training is available ?		Yes
	(vi) Any other information)		Nil
8.	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		NA
	(ii) Number of the persons affected		NA
	(iii) Remedial Action taken (Please attach details if any)		NA
	(iv) Any Fatality occurred, details.		NA
9.	Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?		N/A
	Details of Continuous online emission monitoring systems installed		OUT SOURCED
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		NA

11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NA
12.	Any other relevant information		Nil

Certified that the above report is for the period from JANUARY 2022 to DECEMBER 2022

*[Handwritten Signature]*



Name and Signature of the Head of the Institution

Date: 24.06.2023.

Place: HYDERABAD.

FORM - I  
[ See rule 4 (o), 5(1) and 15(2) ]

ACCIDENT REPORTING

1. Date and Time of accident : NIL
2. Type of Accident : NIL
3. Sequence of events leading to accident : NIL
4. Has the Authority of been informed immediately : NIL
5. The type of waste involved in accident : NIL
6. Assesment of the effects of the accidents on human health and the environment :
7. Emergency measures taken :
8. Steps taken to alleviate the effects of accidents :
9. Steps taken to prevent the recurrence of such an accident :
10. Does you facility has Emergency Control policy ?  
If yes , give details :

Date : 24/06/2023.

Place : HYDERABAD.

Signature : .....

Designation : H.C.O.

