

TO,  
The Environmental office  
Rajajeshwari Nagar  
Nisarga Bhavan, 2nd Floor  
Thimmaiah Road Main Road Shivnagar  
Bangalore-560010

Dear Sir,

We are enclosing herewith Bio-Medical Waste handling annual report FORM IV for the year 2019(JAN-19 to DEC-19) along with monthly acknowledgement slips & BMW MOU & BMW disposal audits staff training copy's for our hospital (Fortis Health Management Limited) NO 23,Gurukrupa layout Nagarbhavi,Bangalore-560072.

*[Handwritten signature]*  
Thanks

**Arund Angadi.**  
Facility Director  
FORTIS HEALTH MANAGEMENT LIMITED  
No. 119, Survey No. 23, 80 Feet Road,  
Gurukrupa layout, Nagarbhavi 2nd stage  
Bangalore-560072.  
Ph: 080-23014444.



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~~Srinivas T N~~

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~~Mob: 9637811789~~

Jan-2019 to Dec-2019

A FORTIS NETWORK HOSPITAL

Regd. Office : Escorts Heart Institute and Research Centre, Okhla Road, New Delhi - 110 025 (India)  
Tel : +91 - 11- 2682 5000 Fax : +91 -11 - 4162 8435

FORM IV: ANNUAL REPORT

S. No.	Particulars	
1.	<b>Particulars of Occupier</b>	
	I. Name of Authorized Person (Occupier or Operator)	Mr. Anand Angadi
	II. Name of HCF or CBWTF :	Medicare Managing Bio-Medical Waste
	III. Address for Correspondence :	No. 25, 2nd cross Hennur
	IV. Address of Facility	M/s. Fortis Health Management Ltd.
	V. Tel. No, Fax. No :	080-22014100, 4190
	VI. E-mail ID :	Ganesh.hegde@fortishealthcare.com
	VII. URL of Website	WWW.fortishealthcare.com
	VIII. GPS coordinates of HCF or CBWTF	Private
	IX. Ownership of HCF or CBWTF	(State Government or Private or Semi-Govt. or any other)
	X. Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization Number ..144021..H-383..... Valid Up to : 12/7/18 to 30/6/21
	XI. Status of Consents under Water Act and Air Act	Valid Up to : 11/7/2016 to 30/9/2021
2.	<b>Type of Health Care Facility</b>	
	I. Bedded Hospital:	No. of Beds: 75
	II. Non-bedded health care facility (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other )	-
	III. License number and its date of Expiry	DCD/TC-136/BSC/2012/2013 29/7/2020
3.	<b>Details of CBWTF</b>	
	I. Number healthcare facilities covered by CBWTF	-
	II. No of beds covered by CBWTF :	-
	III. Installed treatment and disposal capacity of CBWTF	- .....kg/day
	IV. Quantity of biomedical waste treated or disposed by CBWTF	- .....kg/day
4.	<b>Quantity of waste generated or disposed in Kg per annum (on monthly average basis)</b>	
	Category	Quantity(kg/annum)
	Yellow	6635.9 [ 552.99 ]
	Red	6780.62 [ 565 ]
	Blue	1811.60 [ 150.96 ]
	White	942.71 [ 78.56 ]

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

		General Solid Waste			
<b>5. Details of the Storage, treatment, transportation, processing and Disposal Facility</b>					
I.	Details of On Site Storage	Size: <i>30 sq feet</i>			
		Capacity:			
		Provision for Onsite Storage (Cold Storage or any other provisions):			
		<i>NA</i>			
II.	Details of Onsite Disposal Facility	Type of Treatment Equipment	No. of Units	Capacity kg/day	Quantity Treated or Disposed kg/annum
		Incinerators			/
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer			
		Sharps encapsulation or concrete pit			<i>NA</i>
		Deep Burial Pits			
		Chemical Disinfection			
		Any other equipment used for treatment			
		III.	Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.)	
		<i>NA</i>			
IV.	No of vehicles used for collection and transportation of biomedical waste	<i>01 [Total to nos] list</i>			
V.	Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated	Where disposed	
		Incineration			
		Ash			
		ETP Sludge			

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

	VI. Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	-
	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.	<b>Details of Training conducted on BMW</b>	
	I. Number of trainings conducted on	07
	II. BMW Management	
	III. number of personnel trained	06
	IV. number of personnel trained at the time of induction	
	V. number of personnel not undergone any training so far	-
	VI. Whether standard manual for training is available?	Yes
	VII. Any other Information	-
8.	<b>Details of Accident Occurred</b>	
	I. Number of Accidents occurred	Nil
	II. Number of the persons affected	-
	III. Remedial Action taken (Please attach details if any)	-
	IV. Any fatality occurred, details	-
9.	<b>Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standards?</b>	-
	Details of Continuous online emission monitoring systems installed	-
10.	<b>Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?</b>	-
11.	<b>Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?</b>	-
12.	<b>Any other relevant information</b>	(Air Pollution Control Devices attached with the

	Incinerator)
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Certified that above report is for the period from

11/01/2019 to 31/12/19

Date: 25/6/20

Place Bangalore.

Name and Signature of Head of Institution

  
**Anand Angadi.**  
Facility Director  
FORTIS HEALTH MANAGEMENT LIMITED  
No. 119, survey No. 23, 80 Feet Road,  
Gurukrupa layout, Nagarbhavi 2nd stage  
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