

To,

Regional Officer
UP Pollution Control Board
Sector-1, Noida.


Date 17-06-2023


Subject: Annual Report of bio Medical Waste for 2022.

Respected Sir,

With Reference to the above mentioned subject, please find the enclosed duly filled Form IV pertaining to the annual return for the year January 2022 to December 2022.

Regards,


Raj Kumar Raina
Unit Head
Apollo hospital
E-2, Sec-26, Noida


17-6-23
क्षेत्रीय कार्यालय
उप प्रदूषण नियंत्रण बोर्ड
सि. 1, सेक्टर 26, नोडा



Apollo Hospitals, E - 2, Sector 26, Noida - 201 301 (U.P.)
Helpline Number : 0120-4012000 | Emergency Number : 0120-4012010
Email : info@apollohospitals.com
NABH & NABL Accredited

Your friendly neighbourhood hospital

Keep the records carefully and bring them along during...

Form - IV
(See rule 13)

ANNUALREPORT

[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)]

Sl. No.	Particulars														
1.	Particulars of the Occupier	:													
	(i) Name of the authorized person (occupier or operator of facility)	:	Raj Kumar Raina												
	(ii) Name of HCF or CBMWTF	:	Apollo Hospitals Noida												
	(iii) Address for Correspondence	:	E-2, Sec-26, noida												
	(iv) Address of Facility	:	E-2, Sec-26, noida												
	(v) Tel. No, Fax. No	:	0120-4012000												
	(vi) E-mail ID	:	Eng_noida@apollohospitalsdelhi.com												
	(vii) URL of Website	:	https://noida.apollohospitals.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 Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: 14143680, 21.12.2021 valid up to 31.07.2023												
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.07.2023												
2.	Type of Health Care Facility	:													
	(i) Bedded Hospital	:	No. of Bed: 75 Beds												
	(ii) Non-bedded hospital	:													
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:													
	(iii) License number and its date of expiry	:	14143680, 31.07.2023												
3.	Details of CBMWTF	:													
	(i) Number healthcare facilities covered by CBMWTF	:	NA												
	(ii) No of beds covered by CBMWTF	:	NA												
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day... NA												
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day..NA												
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<table border="0"> <tr> <td>Yellow Category :</td> <td>5225.82 kg</td> </tr> <tr> <td>Red Category :</td> <td>10121.67 Kg</td> </tr> <tr> <td>White:</td> <td>857.76 Kg</td> </tr> <tr> <td>Blue Category :</td> <td>2120.58 Kg</td> </tr> <tr> <td>Covid Waste</td> <td>23.51 Kg</td> </tr> <tr> <td>General Solid waste:</td> <td></td> </tr> </table>	Yellow Category :	5225.82 kg	Red Category :	10121.67 Kg	White:	857.76 Kg	Blue Category :	2120.58 Kg	Covid Waste	23.51 Kg	General Solid waste:	
Yellow Category :	5225.82 kg														
Red Category :	10121.67 Kg														
White:	857.76 Kg														
Blue Category :	2120.58 Kg														
Covid Waste	23.51 Kg														
General Solid waste:															

Hospital: Apollo Hospitals Noida Period: 01-2022 : 12-2022

Sl No.	Month	Yellow Bags		Red Bags		Blue Mark Box		Whites		Cytotoxic Bags		Covid Yellow Bags		Total	
		Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight
1	Jan-22	90	374.16	190	933.58	30	120.57	35	50.84	2	3.56	6	16.50	361	1517.94
2	Feb-22	89	386.26	183	959.85	31	123.56	28	55.43	7	15.46	0	0	338	1540.57
3	Mar-22	111	481.81	204	930.53	31	109.65	47	69.08	23	64.04	0	0	338	1540.57
4	Apr-22	87	374.97	159	796.12	54	176.15	45	66.71	17	55.18	0	0	416	1655.11
5	May-22	71	323.58	190	1180.11	33	167.00	51	109.54	5	11.12	0	0	362	1469.13
6	Jun-22	105	376.42	166	633.25	58	238.84	57	68.87	17	48.84	0	0	350	1791.35
7	Jul-22	125	529	184	832.78	53	185.25	40	54.87	44	140.25	0	0	403	1366.22
8	Aug-22	129	431.29	176	667.94	67	218.19	66	71.21	40	102.87	2	7.01	446	1742.15
9	Sep-22	133	368.70	203	564.03	65	175.09	71	89.86	32	88.11	0	0	480	1498.51
10	Oct-22	148	528.68	193	733.84	63	180.15	67	74.58	66	207.38	0	0	504	1285.79
11	Nov-22	102	418.61	194	879.23	49	207.92	44	64.25	31	60.55	0	0	537	1724.63
12	Dec-22	153	632.34	233	1010.41	71	218.21	66	82.52	55	206.41	0	0	420	1630.56
Total		1343	5225.82	2275	10121.67	605	2120.58	617	857.76	339	1003.77	8	23.51	5195	19371.85



UTTAR PRADESH POLLUTION CONTROL BOARD

TC-12V, Vibhuti Khand, Gomti Nagar, Lucknow-226010

Phone :2400852, 2400851, Fax:0651- 2400850

<http://www.uppcb.com/>

FORM III (See Rule 10) AUTHORISATION

(AUTHORISATION FOR OPERATING A FACILITY FOR COLLECTION, RECEPTION, TREATMENT, STORAGE, TRANSPORT AND DISPOSAL OF BIOMEDICAL WASTES)

1. File no. of authorisation and date of issue: No:- 14143680 and Date:-21/12,2021
2. M/s APOLLO HOSPITAL, RAJ KUMAR RAINA an occupier or operator of the facility located at Apollo Hospitals, F-2, Sector-26, Noida,GAUTAM BUDI NAGAR,201301 is hereby granted an authorisation for:

Generation, segregation



Collection



Storage



Transportation

Reception



Use

Recycling
Packaging



Offering for sale
Transfer

Treatment or Processing or
Conversion
Any other form of handling

Disposal or destruction

3. M/s APOLLO HOSPITAL is hereby authorized for handling of biomedical waste as per the capacity given below:
- (i) Number of beds of HCF: 75 Beds (1 hospital)
 - (ii) Number of health care facilities covered by CBMWTF: N.A
 - (iii) Installed treatment and disposal capacity: N.A
 - (iv) Area or distance covered by CBMWTF: N.A
 - (v) Quantity of Biomedical waste handled, treated or disposed: 67.0 Kg/day (approx.)
4. This authorisation shall be in force for a period of 03 (upto 31.07.2023) Years from the date of issue
- 4.1 The authorization shall be valid for till 31/07/2023

- 2 This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986

Date: 21/12/2021
Place: E-2, Sector-26, Noida, GAUTAM BUDDH
NAGAR, 201301

Praveen Kumar
Regional Officer

Terms and Conditions of Authorisation

1. The authorisation shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
2. The authorisation or its renewal shall be produced for inspection at the request of an officer authorised by the prescribed authority.
3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the prescribed authority.
4. Any unauthorised change in personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of his authorisation.
5. It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility and such other terms and conditions may be stipulated by the prescribed authority.
6. The Unit will file the renewal application at least 2 months prior to the expiry of this Order

Specific Conditions:

1. This authorisation shall be in force for a period upto 31.07.2023
2. The Validity of authorisation for bedded health Care Facility shall be synchronised with the validity of the consents
3. The authorization shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
4. The authorization or its renewal shall be produced for inspection at the request of an officer authorized by the prescribed authority.
5. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the prescribed authority
6. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of his authorization.
7. It is the duty of the authorized person to take prior permission of the prescribed authority to close down the facility and such other terms and conditions may be stipulated by the prescribed authority.
8. The Bio- Medical waste shall be segregated into containers or bags at the point of generation in accordance with schedule I prior to its storage, transportation, treatment.
9. The containers or bags referred to in sub-rule (2) shall be labeled as specified in schedule IV.
10. The occupier shall ensure that bio- medical waste generated in hospital is handled without any adverse effect to human health and the environment.
11. If a container is transported from the premises where bio-medical waste is generated to any waste treatment facility container shall, apart from the label prescribed in schedule IV, also carry information in schedule IV.
12. Bio-medical waste shall not be mixed with other waste.
13. No untreated bio-medical waste shall be kept beyond a period of 48 Hrs. If it becomes necessary to store beyond 48 Hrs. The authorized person must take permission from the prescribed authority to ensure that it does not adversely affect human health and the environment.
14. As per Bio-Medical Waste Management, Rules 2016 and its amendment the hospital install Bar Coding Facility.
15. The occupier shall submit an annual report to the prescribed authority in form IV by 30th June every year, to include information about the categories and quantities of Bio-medical waste handled during the preceding year.
16. This authorization shall be valid subject to the validity of agreement with the Common Bio Medical Waste Treatment Facility. Renewed agreement should be submitted before the expiry of existing agreement.
17. The occupier shall maintain a record to the generation, collection, reception, storage, transportation, treatment, disposal and or any form of Bio-medical waste in accordance with these rules and verification by the prescribed authority at anytime.
18. The occupier shall ensure the Mercury Spillage Management within the Hospital/Nursing Home etc due to breakages of thermometers, pressure & other measuring equipment as the spilled mercury does not become part of bio-medical or other solid wastes generated from the health care facilities.
19. Bar code system for bags or container containing bio-medical waste to be sendout of the premises or place for any purpose should be submitted within 15 days.
20. The occupier shall ensure that waste water generated from the hospital shall be treated as per norms and should obtain consent to operate, under provision of Water (Prevention & Control of Pollution) Act, 1974 under section 25/26 and Air (Prevention & Control of Pollution) Act, 1981 under section 21/22
21. It is within powers and function of the U.P. Pollution Control Board to modify/revoke the terms and conditions of the authorization issued under the Bio-medical waste Management Rules, 2016

Praveen
Kumar

Memo No. 1-11-13680

Dated: 21/12/2021

Copy To:
CHIEF ENVIRONMENTAL OFFICER (CIRCLE-I), U.P. POLLUTION CONTROL BOARD,
LUCKNOW.

Praveen Kumar
Regional Officer

TRAINING PROGRAM
 TRAINER
 DATE
 TIME/DURATION
 VENUE

ATTENDANCE SHEET
 : BIO-MEDICAL WASTE MANAGEMENT
 : RIN, SUB9
 : 16/3/2023
 : 1 HOUR
 : EACH UNITIS, 3RD FLOOR

SN	CLOCK NO	NAME	DEPARTMENT	SIGN
1	1201001	RIN ROOBINA	EMR	[Signature]
2	1220867	RIN SWATI	MBU-I	[Signature]
3	1254831	RIN ASHI	ICU	[Signature]
4	1201002	RIN GUNINDA RAGNI	2nd floor	[Signature]
5	1261659	RIN KASAL	Kafel, NICU	[Signature]
6	1238430	RIN BUSMANCIANI	[Signature]	[Signature]
7	1116374	RIN TOYACE	2nd floor	[Signature]
8	1215231	RIN HINA	1st floor	[Signature]
9	1259310	RIN DESAK	1st floor	[Signature]
10	1214688	RIN SUDHA	DIALYSIS	[Signature]
11	1201754	RIN KANTAL	MICU TI	[Signature]
12	1130093	RIN DIKSHA	[Signature]	[Signature]
13	1157460	RIN RAGINI	ICU	[Signature]
14	1200502	RIN GARIMA	L.R	[Signature]
15	1260298	RIN Seema JORN	2nd floor	[Signature]
16	1261695	RIN NEELAM	2nd floor	[Signature]
17	1258956	RIN SINDHI	EMR	[Signature]
18	123952	RIN Ingerhant	MBU-I	[Signature]
19	1260291	RIN INSHA RAJOL	1st fl.	[Signature]
20	1137862	RIN shelly	2nd floor	[Signature]
21	1206482	MA. SATWESI	2nd floor	[Signature]
			G.N	[Signature]

TRAINING PROGRAM

ATTENDANCE SHEET

TRAINER

BIO-MEDICAL WASTE MANAGEMENT

DATE

Rtn. Sub9

TIME/DURATION

16/3/2023

1 HOUR

VENUE

EACH UNIT

SN	CLOCK NO	NAME	DEPARTMENT	SIGN
1	1054079	Kanlian	Engg	19
2	1054418	Vinod, KOMAR	C.S.S.D	Vinod
3	1056390	Jagvir Pali	C.S.S.D	Jagvir
4				
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19				
20				
21				

TRAINING PROGRAM

ATTENDANCE SHEET

TRAINER

: BIO - MEDICAL WASTE MANAGEMENT

DATE

: R/n Sushy

TIME/DURATION

: 25.4.2023

VENUE

: 1 HOUR

: EACH UNITS

SN	CLOCK NO	NAME	DEPARTMENT	SIGN
1	1109781	R/n NEETU KANTAN	1st floor	Neel
2	10236	prachi	G.P.D (H.K)	1109781
3	—	anvita	H.K (GIDA)	B
4	N-3952	R/n Anshu	1st floor	anvita
5	1260295	R/n Seema Doku	1st floor	(Signature)
6	10238	Govind	H.K	(Signature)
7	1229867	R/n Swati	MBO-T	(Signature)
8	10194	Lata	G.D.A.	(Signature)
9	—	Champa	H.K	Lata
10	10186	Gyanan	M.K	(Signature)
11	10260	Reny Devi	H.K	(Signature)
12	—	AJEET	H.K	(Signature)
13	10265	Rekha Rani	H.K	(Signature)
14	1054702	Mr. Pankaj Ks:	H.K	(Signature)
15	1231386	R/n Hams	PSODA	(Signature)
16	1259319	R/n THOTREIPTR	EMR	(Signature)
17	CU2	Meenu Chawhan	SMR	(Signature)
18	1055302	Sinimal Jalob	Security	(Signature)
19	1108457	R/n Pooja	NURSING	(Signature)
20	1055288	M/n SAJESH	NURSING	(Signature)
21	027348	R/n SURENDRA	ON	(Signature)

TRAINING PROGRAM

ATTENDANCE SHEET

TRAINER

BIO-MEDICAL WASTE MANAGEMENT

DATE

R/n Suby

TIME/DURATION

31-5-2023

VENUE

1 HOUR

EACH UNIT

SN	CLOCK NO	NAME	DEPARTMENT	SIGN
1	1055025	Rupali Singh	Lab Services	<i>[Signature]</i>
2	1054709	Hemlata	Lab Services	<i>[Signature]</i>
3	1054370	Rajinder Kumar	Lab Services	<i>[Signature]</i>
4	---	Ritu	H.K	<i>[Signature]</i>
5	---	atdt	H.K	<i>[Signature]</i>
6	1181585	Baby Kumari	Lab services	<i>[Signature]</i>
7	10085	Bhuvan	H.K	<i>[Signature]</i>
8	1054825	Lavesh K	Lab services	<i>[Signature]</i>
9	1111401	RIN NISHA PATHORE	MBU-II	<i>[Signature]</i>
10	1125826	R/H ANAMIKA	NURSES	<i>[Signature]</i>
11	029366	RIN SONIYA THOMAS	IND FLOOR	<i>[Signature]</i>
12	1214688	R/M SCINDHA	MIBU II	<i>[Signature]</i>
13	1054798	Jagvir Singh	CSSD	<i>[Signature]</i>
14	1054418	VINOD KUMAR	C-SSD	<i>[Signature]</i>
15	102419	Roshan	H.K	<i>[Signature]</i>
16	1224035	SURYAVEER	MKB	<i>[Signature]</i>
17	1055288	MA. SAJRESH	C.N.	<i>[Signature]</i>
18	1261643	RIN AYASHA	ICU	<i>[Signature]</i>
19	US62	RN JUDITH	ICU	<i>[Signature]</i>
20	1261654	RIN KAJAL	NICU	<i>[Signature]</i>
21	2-3932	Imberjeer	TX floor	<i>[Signature]</i>

MEETING MINUTES

Committee Name:	Infection Control Committee		
Date of Meeting:	10.5.2023		
Location:	Ground Floor	Start Time :	3pm
Minutes Prepared By:	R/N Suby ICN	End Time :	4pm
Presided by:	Dr.Saurabh Gupta - MS		

1.Attendance at Meeting	
Dr Saurabh Gupta	Mrs. Kamlesh Bisht
Dr. Deepika Handa	C/N.Sajeesh
Dr Krutali Chavhan	R/N.Jyothi
Dr.Shivangi	S/N Salini
Dr.Sharad Upwar	Mr.Naresh Kumar
MS.Beena Valson	Mr.Vinod Kumar
Ms Bibha	Mr.Himanshu
Mr.Yashbir	Mr.Ram Nandan
Mr.Kailash	

Previous Meeting Agenda (Month of March - 2023)

- 1. AMSP – FORMS TO BE FILLED BY CONSULTANT (C/S TO BE SENT BEFORE STARTING , ANTIBIOTIC , INDICATION TO BE MENTIONED)
- 2. ICNC 2.0 STARTED (APRIL 2023 –MARCH 2024)
CONDUCTED WEBINAR ON STERILIZATION (10.4.2023) - WORLD STERILIZATION DAY
- 3. OT INSTRUMENT WASHING AREA ,RO WATER TO BE USED
- 4. CLASS – 5 INDICATOR IS REQUIRED FOR CSSD , OT

Action

Items/Discussion
Tracker

Key issues discussed	Root cause identified	Agreed action / decision	Assigned to / responsibility	Due date	Follow up Status
<p>Previous Meeting point discussion</p> <p>APRIL - 2023</p>					
AMSP	AMSP Formes not filled by consultant (Indication To Be mentioned) & culture to be send before starting antibiotic.	Information to all consultants & To brief all Consulatants regarding Restricted Antibiotics	Dr.Deepika Handa(HICO)	Immediatly	On proce
Infection Control Nursing Council ICNC 2.0	STARTED FROM APRIL 2023	NA	S/N Suby-Council member of ICNC	ON Process	Continuous process
OT instrument washing area RO water required.	Required Ro water in OT for instrument washing.		Mr.Kailash (Engineering Department)	Pending	Pending
Class - 5 Indicator requird in cssd ,Ot	Class 5 indicator is not using	Arrange calss 5 indicator to be aaranged .	Mr.Mainsh (Material Department)	Pending	Pending

General comments (if any):

HAI - NIL

NSI - NIL

A handwritten signature in black ink, appearing to be 'S. S. S.', written over a horizontal line.

Signed by:

(Chairperson)