

TO
THE PUNJAB POLLUTION CONTROL BOARD
PLOT NO -55 PHASE-2
OPP. BORSI THEATRE
MOHALI.

MD
9/4/24

SUBJECT: SUBMISSION OF ANNUAL REPORT

RESPECTED SIR/ MA'AM

THIS IS WITH REFERENCE TO THE SUBMISSION OF ANNUAL REPORT OF THE MEDICAL WASTE.
PLEASE ACCEPT THE ATTACHED REPORT OF HOSPITAL. INDUS HYGIEA SCF-21 PHASE -6 MOHALI.

THIS REPORT IS FROM JAN 2023 – DEC 2023. IN CASE OF ANY QUERY, PLEASE CONTACT WITH
MADHAVI RANA (INFECTION CONTROL NURSE) CONTACT NO- 8427179434.

THANKS AND REGARDS

MADHAVI RANA

INFECTION CONTROL NURSE

INDUS HYGIEA

PHASE -6 MOHALI.



QUALITY HEALTH
SCF-21
INDUS SPECIALITY HEALTH
MD
Unit Head

INDUS HYGIEA

(A unit of Indus Speciality Health)

SCF 21, Phase-6, MOHALI Punjab (India) 160055, Tel : 0172 5022666

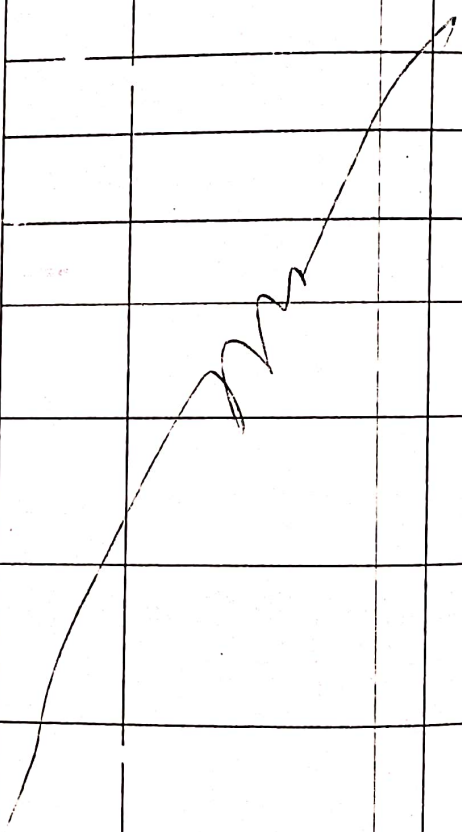
24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushygiea.com

NOT VALID FOR MEDICO-LEGAL PURPOSES

**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 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 authorised person (occupier or operator of facility)	MEENAKSHI SARDAR
	(ii) Name of HCF or CBMWTF	INDUS HYGIEA PHASE-6 MOHARAJ
	(iii) Address for Correspondence :	SCF-21 PHASE-6
	(iv) Address of Facility	P.NO - 01725022666
	(v) Tel. No, Fax. No	
	(vi) E-mail ID	
	(vii) URL of Website	
	(viii) GPS coordinates of HCF or CBMWTF	WWW.INDUSHOSPITAL.IN
	(ix) Ownership of HCF or CBMWTF (State Government or Private or Semi Govt. or any other)	PRIVATE
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	RULES 2016
	(xi) Status of Consents under Water Act and Air Act	
	2.	Type of Health Care Facility
(i) Bedded Hospital		
(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		NON BEDDED HOSPITAL
(iii) License number and its date of expiry		
3.	Details of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	
	(ii) No of beds covered by CBMWTF	
	(iii) Installed treatment and disposal capacity of	

	CBMWTF:	M		
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF			
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) (Cardboard Box)	YELLOW :	820.054 kg	10
		RED :	2148.116 kg	3
		WHITE :	2.801 kg	3
		BLUE :	9.943 kg	3
5	(i) Details of the on-site storage facility			
	disposal facilities			
	(iii) Quantity of recyclable wastes			

	sold to authorized recyclers after Treatment in kg per annum.		
	(iv) No of vehicles used for collection and transportation of biomedical waste		
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		N/A
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		RAINBOW ENVIRONMENT PVT LTD (MOHALI)
	(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	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		EVERY MONTH
	(ii) number of personnel trained		APPROX 12 EMPLOYEES
	(iii) number of personnel trained at the time of induction		APPROX 2-3 EMPLOYEES EVERY MONTH
	(iv) number of personnel not undergone any training so far		NO
	(v) whether standard manual for Training is available?		YES
	(vi) any other information)		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		
	(ii) Number of the persons affected		
	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details.		
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		
	Details of Continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		YES
12	Any other relevant information		

Certified that the above report is for the period from

1-1-2023 TO 31-12-2023

MEENAKSHI SARoop

UNIT HEAD
Name and Signature of the Head of the Institution

Date:

Place

INDUS HYGIEA PHASE -6 MOHALI

BMW MONTH OF

JAN 2023 TO DEC 2023

MONTHS		YELLOW (KG)		SHARPS (KG)
Jan-23	431.413	330.17	4.28	1.25
Feb-23	4.859	3.896		
Mar-23	1.922	1.391	0.785	0.235
Apr-23	2.421	4.273	1.875	0.154
May-23	8.193	7.064	0.898	0.764
Jun-23	14.166	2.15		
Jul-23	805.368	4.074		
Aug-23	806.316	455.358		
Sep-23	24.544	2.536		
Oct-23	18.865	0.614		
Nov-23	6.917	2.725	1.12	0.298
Dec-23	23.132	5.809	0.985	0.1
	2,048.118 KG	820.051	9.943 KG	2.801 KG

*Maeharun
ICN*

MADHAN RANA
INFECTON CONTROL NURSE

