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To,

The Chandigarh Pollution Control Committee,

Ground Floor, Sector-19-B,

Chandigarh,

Subject:- Submission of annual Report in form -4 for KIDS CLINIC INDIA PVT LTD.PLOT NO-48, Industrial Area Phase -2 Chandigarh.

Dear Sir/Ma'am,

Please find here with the Annual report of Bio medical waste in form-4 for the period Jan-2019 to Dec-2019.

Kindly do the needful.

Thanking Your 202

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Form – IV (See rule13) 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.	Particulars		Kids Come India Jud 21d.
No 1	SHEAR BUTTON THE DESIGNATION	:	11.0.1.1
1.	Particulars of the Occupier (i) Name of the authorised person		FIRST
	(occupier or : operator of facility)	:	mr. Rovi Ganceh verka fra ma
	(ii) Name of HCF or CBMWTF	:	
	(iii) Address for Correspondence	:	Rotalo- 48. India 12 Area house
	(iv) Address of Facility		Plotato-48. Indestrice Amouth
	(v)Tel. No, Fax. No	•	7065519855
	(vi) E-mail ID	:	+ lavant O Conduise cure con
	(vii) URL of		
	Website		52
	(viii) GPS coordinates of HCF or CBMWTF		1/4
	(ix) Ownership of HCF or CBMWTF	***	(State Government or Private or Semi Govt. or any other)
ig.	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: P.C./Bm.w.//5.0./2017./100/19772.5/10/2017valid up to .8/8/2027
	(xi). Status of Consents under Water Act and Air Act	•	Valid up to: 25/10/2017 708/8/2027
2.	Type of Health Care Facility	:	25/10/2017 708/8/2027
	(i) Bedded Hospital	:	No. of Beds:Lo
	(ii) Non-bedded hospital	:	

1			ı	Type
	Labo	rator	ŀ	
	(Clinic or Blood Bank or Clinical y Research Institute	. 01	r	(e
	or Veterinary Hospita	1 or one		· · · · · ·
	other)	i or any	e	1/4
		to ea	1	M"
	(iii) License number and its date of expiry	7		
	*			1 0/0
2	Details of		_	776
3.	CBMWTF		:	1
	(i) Number healthouse C. 11/1			MA
	(i) Number healthcare facilities cov CBMWTF	rered by	:	,
İ	CBMW1F			1/n
-	(ii) No of beds covered by			19 47
	CBMWTF			/
			•	√n ′
1	(iii) Installed treatment and disposal ca			
			:	\/ Kg per day
	CBMWTF:			
	(iv) Quantity of biomedical waste treated or			1
	disposed			Kg/day
	by CBMWTF		•	Mr Rejuay
				_
4.	Quantity of waste generated or disposed in	Kg per	:	Yellow Category : 165.3/49
	я			. 755 17
	annum (on monthly average basis)			Red Category: 80.3 Ky
	N.	-		
				White: 20/69
	10.			
1	8			Blue Category: 20 Kg
	7			().
		1		General Solid waste: 24019
5	Details of the Storage, treatment, transports	Cessin	og and Disposed Facility	
	g-, uansporu	anon, pro	CC3311	and Disposal Facility
.	(i) Data ii on-			
	(i) Details of the site storage :	Size	:	6×6×7
	facility			
	lucility	Comanit	10	5K.L
	: W/	Capacity	y :	
	8	Provisio		
	any othe			on-site storage or
		uny ouic	r bro	(181011) Veh nigthing -

- 85	disposal facilities	35	Type of treatment	No	Cap	Quantity
	555		equipment .	of	acit	treatedo
	1		ø	unit	У	r
				S	Kg/	disposed
			# P		day	in kg
						per
						annum
	î i		Incinerators			um in the contract of the cont
	4					
			Plasma Pyrolysis			
	·		Autoclaves			
			Microwave			
	gr ¹⁰		Hydroclave			
			Shredder			
			Needle tip cutter or			
			destroyer		e ====	á
	·** ,,		Sharps			
			encapsulation or		: :=	
	. ±		concrete pit			
			Deep burial pits:			
	*		Chemical			
			disinfection:	•		
			Any other treatment			
			equipment:			
	(iii) Quantity of recyclable wastes	:	Red Category (like plast	ic glas	s etc.)	
	sold to authorized recyclers after	•	Red Category (Ince plass	io, gias	15 010.)	
	treatment in kg per annum.		1/4			
3	(iv) No of vehicles used for collection		N/S			*
	The same of the sa	: ·				
XXXXX IA	and transportation of biomedical		1/n			***
	waste		14.6	•,	***	
	(v) Details of incineration ash and		Qùant	•	Wh	
	ETP sludge generated and disposed		genera	ated	aisj	posed.
	during the treatment of wastes in Kg		Incineration	1		
	per annum	E	Ash 1	٨		
			ETP Sludge //	₹		
	(vi) Name of the Common Bio-:	-				ž
**	Medical Waste Treatment Facility		· 1			
	Operator through which wastes are					
	disposed of		\/ \			
	(vii) List of member HCF not handed		. /			
	over bio-medical waste.		MA			
6	Do you have bio-medical waste		,			9
	management committee? If yes, attach		100			
	minutes of the meetings held during					
	the reporting period		1/4			
7	Details trainings conducted on BMW		,	افر د	1.11	-
'	And the same of th		/0/xqnx	ng cl	on	,
	(i) Number of trainings conducted on BMW Management.		1 / 6	1/1/	4	/_
	Divi vv Ivianagement.		65. 5	141	10/0	ν ν

	(ii)1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(ii) number of personnel trained		20 Staff in one incluetion
	(iii) number of personnel trained at		1
	the time of induction		/
l	(iv) number of personnel not		
1	undergone any training so far		yes
	(v) whether standard manual for		
	training is available?		h/A
	(vi) any other information)		1/4
8 -	Details of the accident occurred		N/ °
	during the year		· NA
	(i) Number of Accidents occurred		1/4
	(ii) Number of the persons affected		1/4
	(iii) Remedial Action taken (Please		1
	attach details if any)		1
	(iv) Any Fatality occurred, details.		Ty 7
9.	Are you meeting the standards of air	14	7.8
	Pollution from the incinerator? How		
	many times in last year could not met	1	
	the standards?		
	Details of Continuous online emission	<u> </u>	n/a
	monitoring systems installed		14-4-
10	Liquid waste generated and treatment		
	methods in place. How many times	6	170
	you have not met the standards in a		EI
	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?		Auto Mare 6 MO
12	Any other relevant information	:	(Air Pollution Control Devices attached with the
			Incinerator)
			NA :

Certified that the above report is for the period from	
	· p/A
	CLINIC
Date: 29/6/2020 Place Changraph.	Name and Signature of the Head of the Institution
	90 90 90 90 90 90 90 90 90 90 90 90 90 9