

<b>Annual Returns form for Health Care Facilities / Common Bio-medical Waste Treatment and Disposal Facility (CBWTF)</b>		
<b>PCB ID : 112387</b>		
<b>Health Care Facility / CBWTF Name : Aditya Hospital (Aditya Life Line Private Limited) Indore</b>		
1	Year	2020 ▼
2	Type of Health Care Facility	Bedded Hospital Priv ▼
3	Number of Beds	48
4	License Number and Date of Expiry of License	79106 17/05/20
5	Do you have Captive Treatment Facility ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Quantity of Waste Generated or Disposed in Kg per annum (on monthly average basis)</b>		
6	Yellow Category	190.8
7	Red Category	45.6
8	White Category	14.6
9	Blue Category	34.6
10	General Solid Waste	280
<b>Details of the Storage, Treatment, Transportation, Processing and Disposal Facility</b>		
11	Details of the on-site storage facility	Hoswin Incinerator pvt ltd indore
12	Treatment Facility	NEE,NCS,NDS
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment ( in kg / Year )	0
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	1
15	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in Kg / Year )	0

16	Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Hoswin Incinerator Pvt. Ltd <input type="text"/>
17	Do you have bio-medical waste management committee ? If yes, minutes of the meetings held during the reporting period	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text" value="Yes"/>
<b>Details of Trainings conducted on Bio Medical Waste Management</b>		
18	Number of Trainings conducted on BMW Management	<input type="text" value="8"/>
19	Number of Personnel Trained	<input type="text" value="22"/>
20	Number of Personnel Trained at the time of Induction	<input type="text"/>
21	Number of Personnel not undergone any Training so far	<input type="text" value="8"/>
22	Whether standard manual for Training is available ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
23	Any other information	<input type="text" value="Na"/>
<b>Details of the accident occurred during the year</b>		
24	Number of Accident occurred	<input type="text" value="0"/>
25	Number of the persons affected	<input type="text" value="0"/>
26	Remedial Action taken ( details if any )	<input type="text" value="Na"/>
27	Any Fatality Occurred , details	<input type="text" value="Na"/>
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value="No"/>
29	Details of Continuous Online Emission Monitoring systems installed	<input type="text" value="Na"/>
30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	<input type="text" value="Na"/>
31	Is the disinfection method or	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value="No"/>

	sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	
32	Any other relevant information	<input type="text" value="Na"/>
<b>Update</b>		