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Human Care Medical Charitable Trust

26.06.2021

To,
Sr. Environmental Engineer, Waste Management Cell-II
Delhi Pollution Control Committee
5th floor, ISBT building
Kashmere Gate
New Delhi-110006

26/06/2021
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Subject: Submission of annual Return (Form IV and Form I) of Biomedical Waste for the period from January'20 to December'20.

Dear Sir,

Please find the enclosed annual return for the year 2021 of bio-medical waste generation with Form-IV & accident reporting form in Form-I duly filled as desired by you for our HCF.

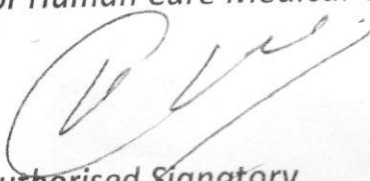
We assure you that we shall comply with all directions and regulation to operate the bio-medical waste management rule, guideline as advised by DPCC authorities from time to time.

We shall be grateful to submit future information.

Thanking You

Yours truly,

For Human Care Medical Charitable Trust


Authorised Signatory

Encl. As Above:

1. Form-IV duly filled and submitted
2. Form-I duly filled and submitted



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)] (Period- January 2020 to December 2020)

S.No	Particulars	
1	Particulars of the Occupier :	
	(i) Name of the authorised person (occupier or operator of facility):	SANJAY KHURANA
	(ii) Name of HCF or CBMWTF :	HUMAN CARE MEDICAL CHARITABLE TRUST
	(iii) Address for Correspondence :	HUMAN CARE MEDICAL CHARITABLE TRUST, ADJOINING MTNL BUILDING, SECTOR-6, DWARKA, NEW DELHI-110075
	(iv) Address of Facility	HUMAN CARE MEDICAL CHARITABLE TRUST, ADJOINING MTNL BUILDING, SECTOR-6, DWARKA, NEW DELHI-110075
	(v) Tel. No, Fax. No :	9899356373
	(vi) E-mail ID :	sanjay3591@aol.com
	(vii) URL of Website	www.hcmct.in
	(viii) GPS coordinates of HCF or CBMWTF	Latitude: 28° 35' 31.7040" N Longitude: 77° 2' 45.7836" E
	(ix) Ownership of HCF or CBMWTF	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorised and valid upto 29.10.2022
	(xi). Status of Consents under Water Act and Air Act.	Approved on 14.03.2018 and valid upto 29.10.2022
2	Type of Health Care Facility	
	(i) Bedded Hospital	380 (FUNCTIONAL -201)
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or	NA

	Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry	F.24/SWZ/1467/NH/DHS/HQ/2017-20/	
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:	NA	
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	NA	
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Red Category : 21069.75 Kg Yellow Category : 18826.39 Kg White: 1116.48 Kg Blue Category : 1712.59 Kg General Waste: 62000 Kg	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	Size : Sheded Biomedical Waste storage yard of Area 150 M2 is there for tempoary storage of Biomedical Waste from all the floors of the hospital. Capacity: Seperate coloured bins have been arranged for the collection of the Bio medical waste. After collection the untreated Biomedical waste is stored in Temporary Biomedical Waste Storage prior to sending to approved common facility. (M/s SMS WATER GRACE BMW PVT LTD)	
	(ii) Details of the treatment or disposal facilities	Type of Treatment Equipment Autoclave	No of Unit 1 Quantity treated 3403.6 Kg
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Nil	

	(iv) No of vehicles used for collection and transportation of biomedical waste	NA
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	ETP Sludge: 45 kg
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	SMS WATER GRACE BMW PVT LTD
	(vii) List of member HCF not handed over bio-medical waste.	N/A
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Qualified person is designated to review and monitor the activities related to Biomedical waste management at site as per BMW Rules – 2016 The issues related to Biomedical Waste are being raised in Safety Committee meeting held Quarterly.
7	Details trainings conducted on BMW (i) Number of trainings conducted on BMW Management.	40
	(ii) number of personnel trained	900 (including repetition of staff)
	(iii) number of personnel trained at the time of induction	340
	(v) whether standard manual for training is available?	YES, PPT BASED
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.	No incidents occurred in year 2020.
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	N/A

	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?	Yes , Effluent Treatment Plant is installed in hospital to treat such waste.
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

FORM - I

ACCIDENT REPORTING

1. Date and time of accident : Nil
2. Type of Accident : Nil
3. Sequence of events leading to accident : Nil
4. Has the Authority been informed immediately : Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effects of the accidents on human health and the environment: Nil
7. Emergency measures taken : Not Required
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does your facility have an Emergency Control policy? If yes give details: Yes

Date : 26.06.21

Place: Delhi



Signature:

Designation :