

COLUMBIA ASIA

Date: 18/01/2021

TO,
THE ENVIRONMENTAL ENGINEER,
PUNJAB POLLUTION CONTROL BOARD,
PATIALA - 147001.

SUBJECT: Submission of annual biomedical waste report (form IV) for the period of
01/01/2020 to 31/12/2020.

Dear Sir,

Please find the enclosed biomedical waste annual report (form IV) for the period of
01/01/2020 to 31/12/2020 along with total waste collection report, trainings conducted to
the staff details at COLUMBIA ASIA HOSPITAL, PATIALA - 147001 during above
mentioned time period.

Thanks & Regards,

Sukhwinder

Chief Engineer

Columbia Asia Hospital,

Patiala — 147001.

N.I.
18/1/2021

Columbia Asia Hospital - Patiala

Bhupindra Road, Near 22 Number Phatak, Patiala - 147 001

Phone: 0175-5000222, www.columbiaindiahospitals.com

Regd. Office: Columbia Asia Hospitals Pvt. Ltd. # 8, 80 Feet Road, HAL III Stage, Indiranagar, Bangalore - 560 075. Phone: 080 4021 1000

CIN: U85110KA2003PTC033055

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)	:	Columbia Asia Hospital PVT LTD
	(ii) Name of HCF or CBMWTF	:	
	(iii) Address for Correspondence	:	ISHUPINDRA ROAD NEAR PHATAK No-22, PATIALA
	(iv) Address of Facility	:	SAME AS ABOVE
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	Gurkiratis@columbiaindiahospital.com
	(vii) URL of Website	:	
	(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 Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: BMH/P.A/2019/10026764... valid up to 31/03/2023
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: Water-Crow/P.A/2019/10025741 Air-P.A/2018/8510151
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:....80
	(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	:	—
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	—
	(ii) No of beds covered by CBMWTF	:	—
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	— Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day																																																			
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : <u>958.82</u> Red Category : <u>611.79</u> White: <u>37.39</u> Blue Category : <u>301.97</u> General Solid waste:																																																			
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																					
	(i) Details of the on-site storage facility	:	Size : Capacity : Provision of on-site storage : (cold storage or any other provision)																																																			
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td></td><td></td></tr> <tr><td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr> <tr><td>Autoclaves</td><td></td><td></td><td></td></tr> <tr><td>Microwave</td><td></td><td></td><td></td></tr> <tr><td>Hydroclave</td><td></td><td></td><td></td></tr> <tr><td>Shredder</td><td></td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td></td><td></td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td></td><td></td><td></td></tr> <tr><td>Deep burial pits:</td><td></td><td></td><td></td></tr> <tr><td>Chemical disinfection:</td><td></td><td></td><td></td></tr> <tr><td>Any other treatment equipment:</td><td></td><td></td><td></td></tr> </tbody> </table>				Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)																																																			
	(iv) No of vehicles used for collection and transportation of biomedical waste	:																																																				
	(v) Details of incineration ash and ETP sludge generated and disposed	:	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> </tbody> </table>				Quantity generated	Where disposed																																														
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	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Medicare Environment Management Pvt. Ltd.
	(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.		05 Hrs
	(ii) number of personnel trained		249
	(iii) number of personnel trained at the time of induction		62
	(iv) number of personnel not undergone any training so far		NIL
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		
8	Details of the accident occurred during the year		NIL
	(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?		NA
	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?		STP Installed
11	Is the disinfection method or sterilization meeting the log 4		NIL

	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from 7th JAN-2020 to 31st DEC'2020

Date:
Place PATIALA

Name and Signature of the Head of the Institution

for.



Bio-Medical Waste Generated Jan-2020 to Dec.-2020				
MONTH	RED	White	YELLOW	WHITE Sharp
JANUARY	677.53	456.13	809.43	42.1
FEBRUARY	605.1	299.78	782.33	33.81
MARCH	604.88	234.07	802.96	35.55
APRIL	684.93	155.04	687.37	30.34
MAY	717.68	146.77	762.86	24.66
JUNE	764.51	234.83	508.33	44.09
JULY	601.72	472.57	1287.01	31.86
AUGUST	564.82	271.83	1488.49	26.8
SEPTEMBER	572.95	319.35	1488.08	43.68
OCTOBER	554.59	320.82	1244.77	44.01
NOVEMBER	503.27	399.43	1070.62	55.59
DECEMBER	489.54	312.96	1282.89	36.18
TOTAL	7342	3624	12215.14	449