



Ref- ASIANS/EUV/008

Date: 30/06/2020

To,

The Regional officer

Bihar State Pollution control Board

Patna

Subject: Submission of Annual report (Form -4) for Jan 19 to Dec 2019 as per the Bio Medical waste Management rule and Hazardous waste Management Handling rule 2016.

Sir,

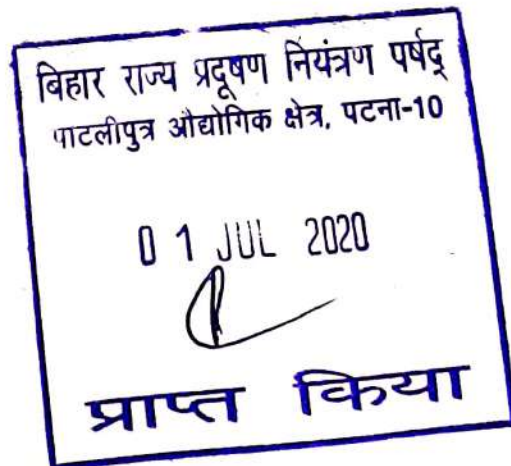
Kindly find herewith enclosed an Annual report (Form-4) attached as per the Bio Medical waste Management rule and Hazardous waste Management Handling rule 2016 as part of compliance under the said rules.

Thanking You

Yours Sincerely,

(Mr Raniv Ranjan)

GM Admin & Ops



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	:	ASIAN CITY HOSPITAL
	(i) Name of the authorized person (occupier or : operator of facility)	:	MR. RAJIV RANJAN
	(ii) Name of HCF or CBMWTF	:	ASIAN CITY HOSPITAL
	(iii) Address for Correspondence	:	PLOT NO. NSA-2, Industrial Area,
	(iv) Address of Facility	:	- Patliputra, Patna 800013
	(v) Tel. No, Fax. No	:	0612- 226 - 2260177
	(vi) E-mail ID	:	rajiv.ranjan-pt@aimsindia.com
	(vii) URL of Website	:	www.aimsindia.com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or <input checked="" type="checkbox"/> Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: - Under application - Valid upto:
	(xi). Status of Consents under Water Act' and Air Act	:	Valid upto: 23.5.21 Rej no. Pr(NOC)-221-19/B-2967 dt 23.5.19
2	Type of Health Care Facility	:	Surge Speciality Care
	(i) Bedded Hospital	:	No. of Beds: _____
	(ii) Non-bedded hospital	:	
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	10
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	_____ Kg / day - Not Applicable -
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	10 10 Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 378 Kg Red Category: 385 Kg White: 49 Kg Blue Category: 406 Kg General Solid Waste: 420 Kg
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage	:	Size: 44 sq.ft

facility		Capacity: 175kg		
(ii) Disposal facilities		Provision of on-site storage : (Cold storage or any other provision)		
Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum	
Incinerators				
Plasma Pyrolysis				
Autoclaves	03	1000 lit		
Microwave				
Hydroclave				
Shredder				
Needle tip cutter or destroyer	3	600 gm/day		
Sharps	15	16 kg/day		
Encapsulation or concrete pit	-	-		
Deep burial pits	-			
Chemical disinfection:	6			
Any other treatment equipment:	3	2 kg/day		
(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	:	01		
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Generated	Where disposed	
	Incineration			
	Ash	-		
	ETP Sludge	28 kg		
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		M/s SANGAM MEDISERVE 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				

7	Details trainings conducted on BMW		
	(i)	Number of trainings conducted on BMW Management	4 trainings per month.
	(ii)	Number of personnel trained	125 Yes
	(iii)	Number of personnel trained at the time of induction	150 Yes
	(iv)	Number of personnel not undergone any training so far	No -
	(v)	Whether standard manual for training is available?	Yes
8	Details of the accident occurred during the year		- No -
	(i)	Number of Accidents occurred	-
	(ii)	Number of 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?		-
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

June 2019 to December 2019

Date: 03/06/20

Place: Patna

Name and Signature of the Head of the Institution

Rajiv Rayan



Ref- ASIAN/ENV/008

Date: 30/06/2020

To,

M.S.
The Regional Officer

Bihar State Pollution control Board

Patna

Subject: Submission of Annual report (Form -4) for Jan 19 to Dec 2019 as per the Bio Medical waste Management rule and Hazardous waste Management Handling rule 2016.

Sir,

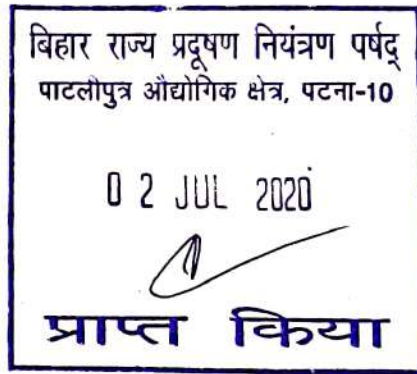
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Thanking You

Yours sincerely,

(Mr Rajiv Ranjan)

GM Admin & Ops



Asian City Hospital (A unit of Blue Sapphire Healthcares Pvt. Ltd.) CIN : U74999DL2007PTC159674

Off : 152, Mandakini Enclave, Alaknanda, New Delhi-110019, Add. : Behind P & M Mall, Palliputra Industrial Area, Patna - 800013
Tel : 011-26100004/77 | Email : info@aimsindia.com | website : www.aimsindia.com

FORM 4

[See rules 6(5), 13(8), 16(6) and 20 (2)]

FORM FOR FILING ANNUAL RETURNS

[To be submitted to State Pollution Control Board by 30th day of June of every year for the preceding period April to March]

1. Name and address of facility: *ASIAN CITY HOSPITAL*
2. Authorisation No. and Date of issue: *465/2019 dt 2/7/19*
3. Name of the authorised person and full address with telephone, fax number and e-mail:
Mr. Rajiv Ranjan, NSA-2, Industrial Area, Palliputra Puthra, 800013. 0612-226017
4. Production during the year (product wise), wherever applicable

Part A. To be filled by hazardous waste generators

1. Total quantity of waste generated category wise *ETP Sludge - 28 kg*
2. Quantity dispatched
 - (i) to disposal facility
 - (ii) to recycler or co-processors or pre-processor
 - (iii) others
3. Quantity utilised in-house, if any - *-NA-*
4. Quantity in storage at the end of the year -

Part B. To be filled by Treatment, storage and disposal facility operators

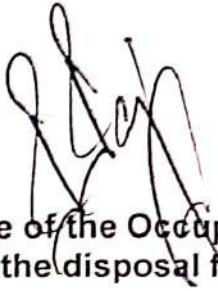
1. Total quantity received - *Under Application*
2. Quantity in stock at the beginning of the year -
3. Quantity treated -
4. Quantity disposed in landfills as such and after treatment -
5. Quantity incinerated (if applicable) -
6. Quantity processed other than specified above -
7. Quantity in storage at the end of the year -

Part C. To be filled by recyclers or co-processors or other users

1. Quantity of waste received during the year -
 - (i) domestic sources
 - (ii) imported (if applicable)
2. Quantity in stock at the beginning of the year -

3. Quantity recycled or co-processed or used –
4. Quantity of products dispatched (wherever applicable) –
5. Quantity of waste generated -
6. Quantity of waste disposed -
7. Quantity re-exported (wherever applicable)-
8. Quantity in storage at the end of the year -

Date...03/06/20.....
Place...Putna.....


Signature of the Occupier
Operator of the disposal facility