



Ref: AJIAM/BUN 227

Date: 26 06 2023

To,

The MS,

Bihar state Pollution Control Board, Patna

Subject:-Submission of Annual Report (Form-4) for Jan-2022 to Dec-2022 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 Handling Rule 2016 as a part of Compliance under the said rules.

Thanking You,

Yours Sincerely

Deputy Medical Superintendent

Enclosures- As attached

विहार राज्य प्रदुषण नियंत्रण पर्य पाटलीपुत्र औद्योगिक क्षेत्र, पटना-१० 2 6 JUN २०१२३, प्राप्त किया

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

Form - IV (See rule 13) ANNUALREPORT

[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)]

vaste	treatment facility (CBWTF)]		
- 1	Particulars		
No.			
1.	Particulars of the Occupier	:	ASIAM CITY MOSPITALIAM
	(i) Name of the authorised person (occupier or	:	
	operator of facility)		
	(ii) Name of HCF or CBMWTF	:	ASIAN CITT MOSPITAL
Ì	(iii) Address for Correspondence	:	
	(iv) Address of Facility		PATLIPUTPA, PATMA-SOUDIZ
	(v)Tel. No, Fax. No	:	0612-2260177
	(vi) E-mail ID	:	
	(vii) URL of Website		www.aimsindizi-com.
	(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.: RMW//662/R-Z114dt 4/08/20 valid up to 03/08/25
	(xi). Status of Consents under Water Act and Air	:	
	Act ,	-	Valid up to: Waks - 8/10/24 A18 - 8/10/24
2.	Type of Health Care Facility	:	FUPER SPECIALITY
	(i) Bedded Hospital	:	No. of Beds:75
	(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	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	10
	(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: 132 K4 Red Category: 138 K4 White: 16 F5 Blue Category: 50 K4
			General Solid waste: 203K4

	(i) Details of the on-site storage facility	;	Size: 175 Kg Capacity: Provision of on-site storage: (cold storage or any other provision)						
	lucinty								
	disposal facilities		Type of treatment No Cap Quantity equipment of acit treatedo uni y r s Kg/ disposed day in kg per						
			Incinerators Plasma Pyrolysis Autoclaves 03 1000DM Microwave Hydroclave Shredder Needle tip cutter or 06 625am/clay destroyer Sharps 10 10 Kulday encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment:						
	(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 by MIS SANGAM MEDISTRYE						
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Where generated disposed Incineration Ash ETP Sludge 6 0 K G						
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	:	M/S SANGAM MEDISERVE PUT						
_	(vii) List of member HCF not handed over bio-medical waste.								
	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		3 TRAINING PER MONT
	BMW Management.		
	(ii) number of personnel trained		115
	(iii) number of personnel trained at		126
	the time of induction		,
	(iv) number of personnel not		-110 — YES
	undergone any training so far		740
	(v) whether standard manual for		401
	training is available?		10_3
	(vi) any other information)		
8	Details of the accident occurred		- NO -
	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.		
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	i I I to atment		
1.	methods in place. How many times		
	you have not met the standards in a		
	year?		
1			
	sterilization meeting the log 4		
	standards? How many times you have		
1.	not met the standards in a year? 2 Any other relevant information	:	(Air Pollution Control Devices attached with the
13	Any other relevant information		Incinerator)

Certifie	d that the ab	ove report	is for the	.2.0.2.2	 D.E.C	ロフル	412.	202	2		
					 			•••••			•••••
					 				•••••	.,	

Name and Signature of the Head of the Institution

Date: (26/06/23)
Place

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

- 1. Name and address of facility: ASIAM CITY HOSPITAL, PLOT No. NSA 2, PATLIPUTA SNOWSTRA ARCA, PATNO-800013
- 2. Authorisation No. and Date of issue:
- 3. Name of the authorised person and full address with telephone, fax number and e-mail:

 Or. Chirangeev Duby, NSA-2, Industry of Arca, Jude Min, Valry 800017, 0612-2260177
- 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 -> (60KG +28K4) prevous year
- 2. Quantity dispatched
 - to disposal facility
 - to recycler or co-processors or pre-processor (i) (ii)
- 4. Quantity in storage at the end of the year only it Phily Isly

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

- 1. Total quantity received -
- 2. Quantity in stock at the beginning of the year -
- 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

- Quantity of waste received during the year
 - domestic sources (i)
 - imported (if applicable) (ii)
- 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 26:06:2023

Signature of the Occupier or Operator of the disposal facility