

## Annual Returns form for Health Care Facilities / Common Bio-medical Waste Treatment and Disposal Facility (CBWTF)

PCB ID : 118884

Health Care Facility / CBWTF Name : Saluja Eye Care Center

1	Year	2020
2	Type of Health Care Facility	Bedded Hospital Private
3	Number of Beds	04
4	License Number and Date of Expiry of License	118884      31/10/20
5	Do you have Captive Treatment Facility ?	<input type="radio"/> Yes <input checked="" type="radio"/> No

### Quantity of Waste Generated or Disposed in Kg per annum (on monthly average basis)

6	Yellow Category	35.175
7	Red Category	37.673
8	White Category	3.662
9	Blue Category	83.665
10	General Solid Waste	430.9

### Details of the Storage, Treatment, Transportation, Processing and Disposal Facility

11	Details of the on-site storage facility	In Close Cabinet
12	Treatment Facility	DNC
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
17	Do you have bio-medical waste management committee ? If yes,	<input checked="" type="radio"/> Yes <input type="radio"/> No      Meeting focuses on the BMW management, their

	minutes of the meetings held during the reporting period	
<b>Details of Trainings conducted on Bio Medical Waste Management</b>		
18	Number of Trainings conducted on BMW Management	<input type="text" value="5"/>
19	Number of Personnel Trained	<input type="text" value="12"/>
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="0"/>
22	Whether standard manual for Training is available ?	<input checked="" type="radio"/> Yes <input type="radio"/> No
23	Any other information	<input type="text" value="None"/>
<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="No"/>
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text" value="NA"/>
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="0"/>
31	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text" value="0"/>
32	Any other relevant information	<input type="text" value="Day Care Ophthalmic Center"/>
<b>Update</b>		

