

Business Details

| UBIN | Enterprise Name | Enterprise Address |
|----------------------------|------------------------------|--|
| AA05439/AABCN1685J/11/2017 | NARAYANA HRUDAYALAYA LIMITED | NARAYANA SUPERSPECIALITY HOSPITAL (NURSING HOSTEL)HI, AMINGAON, AMINGAON , KAMRUP (RURAL) |

UAIN : PCB/F45/KU/000069/04/2018

Application for annual report to be submitted by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)] under the Bio Medical Waste Management Rules, 2016 (Form IV)

| | | | | | | | | | | | | | | | | | |
|--|--|---------------|-----------------------------------|---------------|----------|-----------|----------|----------|--------|---------|--------|--------|---------------|--------------|--------------|----------|-----------------------------|
| 1. Particulars of Occupier: | | | | | | | | | | | | | | | | | |
| (i) Name of the authorised person (occupier or operator of facility) : | ABID TAUQEER | | | | | | | | | | | | | | | | |
| (ii) Name of HCF or CBMWTF : | | | | | | | | | | | | | | | | | |
| (iii) Address for Correspondence : | <table border="1"> <tr> <td>Street Name 1</td> <td>NARAYANA SUPERSPECIALITY HOSPITAL</td> </tr> <tr> <td>Street Name 2</td> <td>AMINGAON</td> </tr> <tr> <td>Vill/Town</td> <td>AMINGAON</td> </tr> <tr> <td>District</td> <td>KAMRUP</td> </tr> <tr> <td>Pincode</td> <td>781031</td> </tr> <tr> <td>Mobile</td> <td>+918819944111</td> </tr> <tr> <td>Phone Number</td> <td>0361-2680321</td> </tr> <tr> <td>Email ID</td> <td>guwahati@narayanahealth.org</td> </tr> </table> | Street Name 1 | NARAYANA SUPERSPECIALITY HOSPITAL | Street Name 2 | AMINGAON | Vill/Town | AMINGAON | District | KAMRUP | Pincode | 781031 | Mobile | +918819944111 | Phone Number | 0361-2680321 | Email ID | guwahati@narayanahealth.org |
| Street Name 1 | NARAYANA SUPERSPECIALITY HOSPITAL | | | | | | | | | | | | | | | | |
| Street Name 2 | AMINGAON | | | | | | | | | | | | | | | | |
| Vill/Town | AMINGAON | | | | | | | | | | | | | | | | |
| District | KAMRUP | | | | | | | | | | | | | | | | |
| Pincode | 781031 | | | | | | | | | | | | | | | | |
| Mobile | +918819944111 | | | | | | | | | | | | | | | | |
| Phone Number | 0361-2680321 | | | | | | | | | | | | | | | | |
| Email ID | guwahati@narayanahealth.org | | | | | | | | | | | | | | | | |

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| (iv) Address of Facility : | Street Name 1 | NARAYANA SUPERSPECIALITY HOSPITAL (NURSING HOSTEL)HI |
| | Street Name 2 | AMINGAON |
| | Vill/Town | AMINGAON |
| | District | KAMRUP (RURAL) |
| | Pincode | 781031 |
| | Mobile | +918811098887 |
| | Phone Number | 0361-1680321 |
| | Fax. No | |
| | Email ID | guwahati@narayanahealth.org |
| (v) URL of Website : | | |
| (vi) GPS coordinates of HCF or CBMWTF : | | |
| (vii) Ownership of HCF or CBMWTF : | PRIVATE | |
| (viii) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules : | Authorisation No : GUW/T-2563/13-14/313 Valid up to : 2018-03-31 | |
| (ix) Status of Consents under Water Act and Air Act : | Valid up to : 2018-03-31 | |
| 2. Type of Health Care Facility : | | |
| (i) Bedded Hospital : | No. of Beds : 300 | |
| (ii) Non-bedded hospital : | ANY OTHER | |
| (iii)(a) License number : | 183220093 | |
| (b)Date of expiry : | 2019-03-08 | |
| 3. Details of CBMWTF : | | |
| (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 per day) : | | |
| 4. Quantity of waste generated or disposed in Kg per annum (on monthly average basis) : | Yellow Category | 25000.00 |
| | Red Category | 30000.00 |
| | White | 2600.00 |
| | Blue Category | 5500.00 |
| | General Solid waste | 45000.00 |
| 5. Details of the Storage, treatment, transportation, processing and Disposal Facility : | | |
| (i) Details of the on-site storage facility : | Size | 320.00 SQR. FT |
| | Capacity | 2000 KG/ DAY |
| | Provision of on-site storage | ANY OTHER PROVISION |

| (ii) Disposal facilities | <table border="1"> <thead> <tr> <th data-bbox="829 120 1024 304">Type of treatment equipment</th> <th data-bbox="1024 120 1122 304">No of units</th> <th data-bbox="1122 120 1260 304">Capacity (Kg/day)</th> <th data-bbox="1260 120 1456 304">Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td data-bbox="829 304 1024 376">Incinerators</td> <td data-bbox="1024 304 1122 376"></td> <td data-bbox="1122 304 1260 376"></td> <td data-bbox="1260 304 1456 376"></td> </tr> <tr> <td data-bbox="829 376 1024 488">Plasma Pyrolysis</td> <td data-bbox="1024 376 1122 488"></td> <td data-bbox="1122 376 1260 488"></td> <td data-bbox="1260 376 1456 488"></td> </tr> <tr> <td data-bbox="829 488 1024 555">Autoclaves</td> <td data-bbox="1024 488 1122 555"></td> <td data-bbox="1122 488 1260 555"></td> <td data-bbox="1260 488 1456 555"></td> </tr> <tr> <td data-bbox="829 555 1024 622">Microwave</td> <td data-bbox="1024 555 1122 622"></td> <td data-bbox="1122 555 1260 622"></td> <td data-bbox="1260 555 1456 622"></td> </tr> <tr> <td data-bbox="829 622 1024 689">Microwave</td> <td data-bbox="1024 622 1122 689"></td> <td data-bbox="1122 622 1260 689"></td> <td data-bbox="1260 622 1456 689"></td> </tr> <tr> <td data-bbox="829 689 1024 757">Hydroclave</td> <td data-bbox="1024 689 1122 757"></td> <td data-bbox="1122 689 1260 757"></td> <td data-bbox="1260 689 1456 757"></td> </tr> <tr> <td data-bbox="829 757 1024 824">Shredder</td> <td data-bbox="1024 757 1122 824"></td> <td data-bbox="1122 757 1260 824"></td> <td data-bbox="1260 757 1456 824"></td> </tr> <tr> <td data-bbox="829 824 1024 981">Needle tip cutter or destroyer</td> <td data-bbox="1024 824 1122 981"></td> <td data-bbox="1122 824 1260 981"></td> <td data-bbox="1260 824 1456 981"></td> </tr> <tr> <td data-bbox="829 981 1024 1126">Sharps encapsulation or concrete pit</td> <td data-bbox="1024 981 1122 1126"></td> <td data-bbox="1122 981 1260 1126"></td> <td data-bbox="1260 981 1456 1126"></td> </tr> <tr> <td data-bbox="829 1126 1024 1238">Deep burial pits</td> <td data-bbox="1024 1126 1122 1238"></td> <td data-bbox="1122 1126 1260 1238"></td> <td data-bbox="1260 1126 1456 1238"></td> </tr> <tr> <td data-bbox="829 1238 1024 1384">Any other treatment equipment</td> <td data-bbox="1024 1238 1122 1384"></td> <td data-bbox="1122 1238 1260 1384"></td> <td data-bbox="1260 1238 1456 1384"></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 | | | | Microwave | | | | Hydroclave | | | | Shredder | | | | Needle tip cutter or destroyer | | | | Sharps encapsulation or concrete pit | | | | Deep burial pits | | | | Any other treatment equipment | | | |
|--|---|-------------------|--|-----------------------------|--------------------|-------------------|--|--------------|--|-----|--|------------------|------------|--------|--|------------|--|--|--|-----------|--|--|--|-----------|--|--|--|------------|--|--|--|----------|--|--|--|--------------------------------|--|--|--|--------------------------------------|--|--|--|------------------|--|--|--|-------------------------------|--|--|--|
| Type of treatment equipment | No of units | Capacity (Kg/day) | Quantity treated or disposed in kg per annum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incinerators | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plasma Pyrolysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autoclaves | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Microwave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Microwave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hydroclave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shredder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needle tip cutter or destroyer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sharps encapsulation or concrete pit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deep burial pits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other treatment equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (iv) No of vehicles used for collection and transportation of biomedical waste | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | <table border="1"> <thead> <tr> <th data-bbox="829 1659 1008 1783"></th> <th data-bbox="1008 1659 1260 1783">Quantity generated</th> <th data-bbox="1260 1659 1456 1783">Where disposed</th> </tr> </thead> <tbody> <tr> <td data-bbox="829 1783 1008 1850">Incineration</td> <td data-bbox="1008 1783 1260 1850"></td> <td data-bbox="1260 1783 1456 1850"></td> </tr> <tr> <td data-bbox="829 1850 1008 1917">Ash</td> <td data-bbox="1008 1850 1260 1917"></td> <td data-bbox="1260 1850 1456 1917"></td> </tr> <tr> <td data-bbox="829 1917 1008 1984">ETP Sludge</td> <td data-bbox="1008 1917 1260 1984">240 KG</td> <td data-bbox="1260 1917 1456 1984"></td> </tr> </tbody> </table> | | | | Quantity generated | Where disposed | Incineration | | | Ash | | | ETP Sludge | 240 KG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Quantity generated | Where disposed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incineration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ETP Sludge | 240 KG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | FRESH AIR MANAGEMENT SERVICE PRIVATE LIMITED |
| (vii) List of member HCF not handed over bio-medical waste | Document is attached |
| 6. Do you have bio-medical waste management committee? | NO |
| 7. Details trainings conducted on BMW | |
| (i) Number of trainings conducted on BMW Management | 3 / MONTH |
| (ii) number of personnel trained | 120 |
| (iii) number of personnel trained at the time of induction | 300 |
| (iv) number of personnel not undergone any training so far | 0.00 |
| (v) whether standard manual for training is available? | YES |
| (vi) any other information | |
| 8. Details of the accident occurred during the year | |
| (i) Number of Accidents occurred | |
| (ii) Number of the persons affected | |
| (iii) Remedial Action taken | |
| (iv) Any Fatality occurred, details | |
| 9.(a) Are you meeting the standards of air Pollution from the incinerator? | NO |
| (b) How many times in last year could not met the standards? | |
| (c) Details of Continuous online emission monitoring systems installed | NOT APPLICABLE |
| 10.(a) Liquid waste generated and treatment methods in place | STP |
| (b) How many times you have not met the standards in a year? | NA |

| | |
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| 11.(a)Is the disinfection method or sterilization meeting the log 4 standards? | YES |
| (b)How many times you have not met the standards in a year? | |
| 12. Any other relevant information | |
| List of documents to be enclosed/submitted : | |
| Remedial Action taken. | Not Applicable |
| Attach minutes of meeting held during the reporting period. | Not Applicable |
| List of member HCF not handed over bio-medical waste. | Agreement with Fresh Air Pvt. Ltd |
| Date: 03-04-2018 Place: KAMRUP | Name of the Head of the Institution : ABID TAUQEER Signature of the Head of the Institution : ABID TAUQEER |

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