

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

PCB ID : 107659

Health Care Facility / CBWTF Name : Totall Hospital (Unit Of Diabetes Thyroid Hormone Institute)

1	Year	2023
2	Type of Health Care Facility	Bedded Hospital Priv
3	Number of Beds	20
4	License Number and Date of Expiry of License	118963      03/10/20
5	Do you have Captive Treatment Facility ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Quantity of Waste Generated or Disposed in Kg per annum (on monthly average basis)</b>		
6	Yellow Category	237.60
7	Red Category	167.30
8	White Category	6.00
9	Blue Category	15.20
10	General Solid Waste	550
<b>Details of the Storage, Treatment, Transportation, Processing and Disposal Facility</b>		
11	Details of the on-site storage facility	Agni Mitra Indore
12	Treatment Facility	NCS
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	Agni Mitra, Indore
17	Do you have bio-medical waste management committee ? If yes, minutes of the meetings held during the reporting period	Yes <input checked="" type="radio"/> Yes <input type="radio"/> No

#### Details of Trainings conducted on Bio Medical Waste Management

18	Number of Trainings conducted on BMW Management	4
19	Number of Personnel Trained	2
20	Number of Personnel Trained at the time of Induction	
21	Number of Personnel not undergone any Training so far	0
22	Whether standard manual for Training is available ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
23	Any other information	NA

#### Details of the accident occurred during the year

24	Number of Accident occurred	0
25	Number of the persons affected	0
26	Remedial Action taken ( details if any )	NA
27	Any Fatality Occurred , details	NA
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value="No"/>
29	Details of Continuous Online Emission Monitoring systems installed	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="NA"/>
31	Is the disinfection method or sterilization meeting the log 4	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value="No"/>

	standards ? How many times you have not met the standards in a year ?	
32	Any other relevant information	NA
Update		

