

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

PCB ID : 107659

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

1	Year	2024 <input type="button" value="v"/>
2	Type of Health Care Facility	Bedded Hospital Pri <input type="button" value="v"/>
3	Number of Beds	<input type="text" value="20"/>
4	License Number and Date of Expiry of License	<input type="text" value="NH/1873/JUL-24"/> <input type="text" value="31/03/20"/>
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	<input type="text" value="216"/>
7	Red Category	<input type="text" value="106"/>
8	White Category	<input type="text" value="19"/>
9	Blue Category	<input type="text" value="107"/>
10	General Solid Waste	<input type="text" value="0"/>

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

11	Details of the on-site storage facility	AGNIMITRA INDORE
12	Treatment Facility	<input type="text" value="NCS"/>
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment (in kg / Year)	<input type="text" value="0"/>
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	<input type="text" value="1"/>
15	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in	<input type="text" value="0"/>

म. प्र. प्रदूषण नियंत्रण बोर्ड

आवक सं.

दिनांक 29/01/2024

स्थान

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	<p style="text-align: right;">YES</p> <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 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	NA

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

