

FORM - I  
[See rule 4(o), 5(i) and 15(2)]

ACCIDENT REPORTING

1. Date and time of accident : \_\_\_\_\_
2. Type of Accident : Needle Stick Injury
3. Sequence of events leading to accident : During Segregation / procedural
4. Has the Authority of been informed immediately: Nil
5. The type of waste involved in accident : Nil
6. Assessment of the effects of the accidents on human health and the environment : for Safety Vaccination done
7. Emergency measures taken : Training imparted.
8. Steps taken to alleviate the effects of accidents : Continuous trainings.
9. Steps taken to prevent the recurrence of such an accident : Training for use of PPE during the Segregation of waste
10. Does your facility has Emergency Control policy? If yes, give details : No.

Date : 1 June, 2020

Place : ACE Heart & Vascular  
Sector 69, Mohali

Signature

Designation



Medical Superintendent

**Form - IV**  
**(See rule 13)**  
**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	DR PUNEET. K. VERMA
	(ii) Name of HCF or CBMWTF	:	ACE Heart & Vascular Institute
	(iii) Address for Correspondence	:	Sector 09, Mohali
	(iv) Address of Facility	:	- do -
	(v) Tel. No, Fax. No	:	0172-2216868      0172-2217878 Fax No: - 2217890
	(vi) E-mail ID	:	aceheartinstitute@gmail.com
	(vii) URL of Website	:	www.aceheartinstitute.com
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitude - 30.69498459999998 Longitude - 76.72130609999999
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) <input checked="" type="checkbox"/> Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: BMW/RENEWAL/SAS/2018/ 7198824.....valid up to 2023
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31-3-23
2.	Type of Health Care Facility	:	SHCO
	(i) Bedded Hospital	:	No. of Beds: 30
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	- NA -
	(iii) License number and its date of expiry	:	- NA -
3.	Details of CBMWTF	:	- NA -
	(i) Number healthcare facilities covered by CBMWTF	:	- NA -
	(ii) No of beds covered by CBMWTF	:	- NA -
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day - NA -



	(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	Kg/day - NA -																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category : 2220.624 kg Red Category : 2410.938 kg White: 138.64 kg Blue Category : 1393.488 kg General Solid waste: 5875 kg																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
	(i) Details of the on-site storage facility :	Size : 39x73x37 Capacity : 40kg Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) Details of the treatment or disposal facilities :	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td>- NA -</td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></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				Hydroclave				Shredder		- NA -		Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. :	Red Category (like plastic, glass etc.) - NA -																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste :	- NA -																																																
	(v) Details of incineration ash and ETP sludge generated and disposed :	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>- NA -</td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed	- NA -																																													
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	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	M/S Rainbow Environment Pvt. Ltd Vill. Balyali Kalan, Tehsil Kharar Dist. Mohali
	(vii) List of member HCF not handed over bio-medical waste.	-NA
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes (Part of Infection Control Committee)
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	12 trainings per year
	(ii) number of personnel trained	All Staff
	(iii) number of personnel trained at the time of induction	All Staff
	(iv) number of personnel not undergone any training so far	Nil
	(v) whether standard manual for training is available?	Yes
	(vi) any other information)	-
8	Details of the accident occurred during the year	Nil
	(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	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Yes as per norms & standards
11	Is the disinfection method or sterilization meeting the log 4	



	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

.....  
 ..... January 2019 to December 2019 .....  
 .....

Name and Signature of the Head of the Institution

DR. PUNEET. K. VERMA

Date: 1 June, 2020

Place MOHALI

