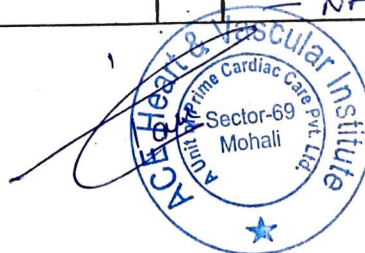


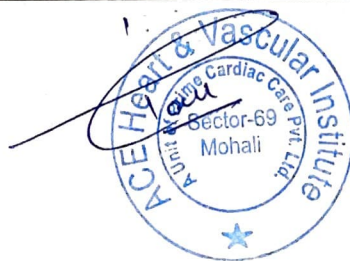
Form - IV
(See rule 13)
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30th 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 69, MOHALI
	(iv) Address of Facility	:	— DO —
	(v) Tel. No, Fax. No	:	0172-2218868, 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)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: BMW/RENEWAL/SAS/2018/ 7198824.....valid up to 31.3.2023
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.03.2023
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 : 1800.103 kg/annum Red Category : 2860.324 kg/annum White: 101.989 kg/annum Blue Category: 1143.477 kg/annum General Solid waste: 6647 kg/annum																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
	(i) Details of the on-site storage facility :	Size : 8'4" Ft. X 6' Ft. X 7' Ft. Capacity : 100 Kg 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>_____ NA _____</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></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	_____ NA _____			Shredder				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 :	_____ NA _____ Quantity generated Where disposed																																																



	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. VPO BALLYALI KALAN, TEHSIL-KHARAR DISTT. 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 IN PLACE, AS PER NORMS AND STANDARDS
11	Is the disinfection method or sterilization meeting the log 4		

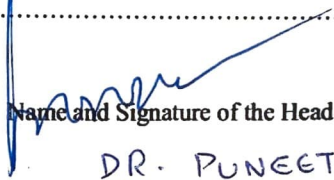


	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

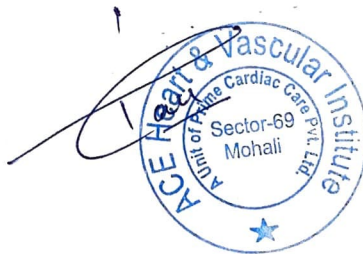
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 JANUARY 2020 - DECEMBER 2020

Name and Signature of the Head of the Institution



DR. PUNEET K. VERMA

Date: 25.5.2021
 Place: MOHALI



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

ACCIDENT REPORTING

1. Date and time of accident : *Needle stick injury*
2. Type of Accident : *Needle stick injury*
3. Sequence of events leading to accident : *During segregation / Procedural*
4. Has the Authority 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 : *Regular trainings imparted*
8. Steps taken to alleviate the effects of accidents : *Continuous trainings*
9. Steps taken to prevent the recurrence of such an accident : *— do —*
10. Does your facility have an Emergency Control policy? If yes give details: *Hospital has designated team to deal any kind of emergency with safety and security as per norms.*

Date : *25 May 2021*

Place : *Mohali*

Signature *[Signature]*

Designation *Medical Superintendent* .

