



ANNUAL REPORT (2022)

[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)]

Sr No:	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorized person :	Mr. Parimal Patel
	(ii) Name of HCF or CBWTF :	Zydus Hospital & Healthcare Research Pvt. Ltd.
	(iii) Address for Correspondence :	F.P.No. 278, 279, 280, T.P.Scheme No.9,, Lambhvel Road, Anand-, Dist: Anand, Tal: Anand
	(iv) Address of Facility :	Care Bmw Incineration Plot No. 1216 AND 17,Santej,Kalol,Gandhinagar, Dist: GANDHINAGAR-5
	(v) Tel. No, Fax. No :	8128663224
	(vi) E-mail ID :	abhisheksoni@zydushospitals.com
	(vii) URL or Website :	www.zydushospitals.com
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 72.9457, Long: 22.5663
	(ix) Ownership of HCF or CBWTF :	Private
	(x) Status of Authorization under BMW Rules:	Auth No: BMW-343679, Valid Upto: 11/1/2023
	(xi) Status of Consent under Water, Air Act :	Consent No: BWH-97215, Valid Upto: 11/1/2023

Type of Health Care Facility		
2	(i) Bedded Hospital	150
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	OTH-Other
2	(iii) License number and its date of expiry	343679

Quantity of waste generated or disposed in Kg per annum(on monthly average basis)		
4	(i) Yellow Category	9445.00
4	(ii) Red Category	16326.00
4	(iii) White Category	340.00
4	(iv) Blue Category	1193.00
4	(v) General Solid Waste	29540.00

Details of the Storage, treatment, transportation, processing and Disposal Facility		
5	(i) Details of the on-site storage facility	Outsourced
5	(ii) Treatment Facility	Outsourced
5	(iii) Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum.	0.000
5	(iv) No. of vehicles used for collection and transportation of biomedical waste	1
5	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	Outsourced
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Care Bmw Incineration

BMW management committee		
6	Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period	Yes HIC Committee



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Details trainings conducted on BMW

7	(i) Number of trainings conducted on BMW Management	40	
7	(ii) Number of Personnel trained	556	
7	(iii) Number of personnel trained at the time of induction	35	
7	(iv) Number of personnel not undergone any training so far	0	
7	(v) Whether standard manual for training is available	Yes	
7	(vi) Any other information	NO	

Details of the accident occurred during the year

8	(i) Number of Accident occurred	0	
8	(ii) Number of the persons affected	0	
8	(iii) Remedial Action taken (Please atch details if any)	NA	
8	(iv) any Fatality Occurred , details	NA	

9	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	Yes	Not Applicable
	Details of Cuntinuous online emission monitoring ststems installed	NA	
10	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	0	
11	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	Yes	Standards are met
12	Any other relevant information	No	

10	Bio-Medical waste generated for Yellow Category & Quantity	9445.00	
10	Bio-Medical waste generated for RED Category & Quantity	16326.00	
10	Bio-Medical waste generated for White Category & Quantity	340.00	
10	Bio-Medical waste generated for Blue Category & Quantity	1193.00	
15	Member of CBWTF ? if Yes Name of CBWTF And Validity of CBWTF Membership	Care Bmw Incineration	

Certified that the above report is for the period from

Date: 21/01/2023
Place: ANAND.

Name and Sign of The Head of HCF


Abhishek Soni

Mr. Parimal Patel



Nil Report

FORM - I

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

ACCIDENT REPORTING

1. Date and time of accident : Nil
2. Type of Accident : Nil
3. Sequence of events leading to accident : Nil
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: Nil
7. Emergency measures taken : Nil
8. Steps taken to alleviate the effects of accidents : Nil
9. Steps taken to prevent the recurrence of such an accident : Nil
10. Does you facility has an Emergency Control policy? If yes give details: Yes

Date : 21/01/23

Place: Anand

Signature

Designation Sr. Manager