

A PREMIER MULTI SUPERSPECIALITY
& TRAUMA CENTRE

Mark of Excellence



OXFORD
HOSPITAL (P) LTD.

HOSPITAL : 305, Lajpat Nagar, Bhagwan Mahavir Man
Near Nakodar Chowk, Jalandhar - 144 001 (Pb.) IND
PH. 0181 - 2233666, 2233888, 2233999, 5080752 Fax : 462414

April 02, 2019

To

ENVIRONMENTAL ENGINEER
PUNJAB POLLUTION CONTROL BOARD
JALANDHAR

SUB- SUBMISSION OF ANNUAL REPORT

Respected sir,

I hereby want to inform you that we are submitting our annual report of Bio
medical waste from the period of January 01, 2018 to December 31, 2018.

Kind regards

Dr. G S Gill

Managing Director

Oxford Hospital Pvt LTD

Oxford Hospital Pvt. Ltd.
305-Lajpat Nagar
JALANDHAR

Handwritten signature and date 3/4/19



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NOT VALID FOR MEDICO LEGAL PURPOSES

**From –IV
(See rule 13)
Annual Report**

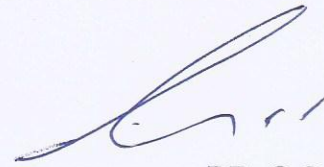
[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the Occupier of Health Care Facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	DR. G S GILL
	(ii) Name of HCF or CBMWTF	:	OXFORD HOSPITAL PVT LTD
	(iii) Address for Correspondence	:	305 LAJPAT NAGAR BHAGWAN MAHAVEER MARG JALANDHAR
	(i) Address of Facility	:	SAME AS ABOVE
	(ii) Tel. No. Fax. No.	:	0181-5080752
	(V) E-mail ID	:	OXFORDHOSPITALPVTLTD@GMAIL.COM
	(i) URL of Website	:	
	(ii) GPS coordinates of HCF of CBMWTF	:	RAINBOW ENVIROMENTS
	(iii) Ownership of HCF of CBMWTF	:	PRIVATE
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.	:	Authorization. BMW/Renewal/JAL/2018/7002120 Valid up to 31/03/21
	(v) Status of Consents under Water Act and Air Act.	:	Valid up to: 31/03/21
2.	Type of Health Care Facility	:	HOSPITAL
	(i) Bedded Hospital	:	46
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry.	:	
3.	Details if CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No. of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF	:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	_____ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category:200 KG/ANNUM Red Category: 600 KG/ANNUM White: 20KG/ANNUM Blue Category:100KG/ANNUM General Solid waste 650 KG/ANNUM
5.	Details of the Storage , treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : Capacity: Provision of on-site storage : (cold storage or any other provision)
	(ii) Disposal Facilities	:	Type of treatment No Capacity Quantity Equipment of Kg/day treated

			<p>or Units disposed In Kg per Incinerators Plasma Paralysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep Burial pits: Chemical disinfection: Any other treatment equipment:</p>	<p>Annum</p> <p>---</p> <p>----</p> <p>----</p>
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)	
	(iv) No of vehicles used for collection and transportation of biomedical waste.	:		
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		<p>Quantity Generated</p> <p>Incineration Ash ETP Sludge</p>	Where disposal
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:		
	(vii) List of member HCF not handed over bio-medical waste.	:		
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	YES	
7.	Detail trainings conducted on BMW		YES	
	(i) Number of training conducted on BMW Management.		50	
	(ii) Number of personnel trained		50	
	(iii) Number of personnel trained at the time of induction		50	
	(iv) Number of personnel not undergone any training so far.		0	
	(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		NIL	

	(ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	NIL
	(iv) Any Fatality occurred, details.	NIL
9.	Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?	NA
	Details of Continuous online emission monitoring systems installed	NA
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.	NEVER
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NEVER
12.	Any other relevant information	NA

I Certified that the above report is for the period from **1-01-2018 TO 31-12-2018**



DR. G S GILL

Name and Signature of the Head of the Institution

Date:
Place:

Oxford Hospital Pvt. Ltd.
305-Lajpat Nagar,
Near Nakodar Chowk, Jalandhar