

June 10, 2020

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, 2019 to December 31, 2019.

Kind regards



Dr. G S Gill

Managing Director

Oxford Hospital Pvt LTD



NOT VALID FOR MEDICO LEGAL PURPOSES

92/25/6/20



**Form - IV**  
(See rule13)  
**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	:	HOSPITAL
	(i) Name of the authorised 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
	(iv) Address of Facility	:	305 LAJPAT NAGAR BHAGWAN MAHAVEER MARG JALANDHAR
	(v) Tel. No, Fax. No	:	0181-5080752
	(vi) E-mail ID	:	OXFORDHOSPITALPVTLTD@GMAIL.COM
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	RAINBOW ENVIROMENTS
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) <input checked="" type="checkbox"/>
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: BMW/Renewal/JAL/2018/7002120 .....valid up to 31/03/2021
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30/06/21
2.	Type of Health Care Facility	:	HOSPITAL
	(i) Bedded Hospital	:	No. of Beds:..... 46
	(ii) Non-bedded hospital	:	





	Laborator (Clinic or Blood Bank or Clinical y 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
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	NA Yellow Category : 200 KG/ANNUM Red Category : 300 KG/ANNUM White: 20 KG/ANNUM Blue Category : 300 KG/ANNUM General Solid waste:
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : NA Capacity : NA Provision of on-site storage : (cold storage or any other provision)





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></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				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.) _____																																																
(iv) No of vehicles used for collection and transportation of biomedical waste	:	_____																																																
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table border="1"> <thead> <tr> <th></th><th>Quantity generated</th><th>Where disposed</th></tr> </thead> <tbody> <tr><td>Incineration Ash</td><td></td><td></td></tr> <tr><td>ETP Sludge</td><td></td><td></td></tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash			ETP Sludge																																									
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(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 Details trainings conducted on BMW																																																		
(i) Number of trainings conducted on BMW Management.		60																																																





	(ii) number of personnel trained	60
	(iii) number of personnel trained at the time of induction	60
	(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?	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?	NA
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NA
12	Any other relevant information	: (Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from January 01, 2019 to December 31, 2019

Date:  
Place JALANDHAR

Name and Signature of the Head of the Institution

DR G S GILL  
MANAGING DIRECTOR



*[Handwritten Signature]*



OXFORD HOSPITAL BIOMEDICAL WASTE GENERATED MONTHLY FOR YEAR 2019( in kgs)												
CATEGORIES	JANUARY	FEBRUAR Y	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
YELLOW	40.52	46.13	35	49.44	36.55	37.89	51.4	41.81	52.74	25.9	31.7	23.05
SHARPS	0.83	4.1	3.95	2.55	3.6	1.4	2.685	0.78	0.89	2.75	0.89	1.6
BLUE CARD- BOARD BOX	58.81	112.7	117.3	124.58	90.56	89.3	116.9	71	108.22	68.3	69.9	54.3
RED	181.25	190.3	214.43	194.21	223	219.6	226.8	169.14	158.7	117.5	137.5	121.7