

## Annual Returns form for Health Care Facilities / Common Bio-medical Waste Treatment and Disposal Facility (CBWTF)

**PCB ID : 162143**

**Health Care Facility / CBWTF Name : Hcg Cancer Clinic**

1	Year	2025 <input type="button" value="v"/>
2	Type of Health Care Facility	Clinic / Dispensary <input type="button" value="v"/>
3	Number of Beds	<input type="text" value="3"/>
4	License Number and Date of Expiry of License	<input type="text" value="BMW-162143"/> <input type="text" value="07/06/2023"/>
5	Do you have Captive Treatment Facility ?	<input type="radio"/> Yes <input checked="" type="radio"/> No

### Quantity of Waste Generated or Disposed in Kg per annum (on monthly average basis)

6	Yellow Category	<input type="text" value="14.7"/>
7	Red Category	<input type="text" value="5.8"/>
8	White Category	<input type="text" value="0"/>
9	Blue Category	<input type="text" value="1.6"/>
10	General Solid Waste	<input type="text"/>

### Details of the Storage, Treatment, Transportation, Processing and Disposal Facility

11	Details of the on-site storage facility	<input type="text" value="NA"/>
12	Treatment Facility	<input type="text" value="---"/>
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment ( in kg / Year )	<input type="text"/>
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	<input type="text"/>
15	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in Kg / Year )	<input type="text"/>
16	Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	<input type="text" value="Bio-Medical Waste Management Syst"/>

**A. Annual Return : Form 4 Uploaded in XGN on 09/06/2026 13:51:02 from IP No: 103.54.20.250.**

**B. 162143-Hcg Cancer Clinic accepts the LEGAL responsibility and undertakes that the furnished information is CORRECT & ACCURATE.**

17	Do you have bio-medical waste management committee ? If yes, minutes of the meetings held during the reporting period	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text"/>
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**Details of Trainings conducted on Bio Medical Waste Management**

18	Number of Trainings conducted on BMW Management	<input type="text" value="2"/>
19	Number of Personnel Trained	<input type="text" value="3"/>
20	Number of Personnel Trained at the time of Induction	<input type="text"/>
21	Number of Personnel not undergone any Training so far	<input type="text" value="0"/>
22	Whether standard manual for Training is available ?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text"/>
23	Any other information	<input type="text" value="NO"/>

**Details of the accident occurred during the year**

24	Number of Accident occurred	<input type="text" value="0"/>
25	Number of the persons affected	<input type="text" value="0"/>
26	Remedial Action taken ( details if any )	<input type="text"/>
27	Any Fatality Occurred , details	<input type="text"/>
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="text"/>
29	Details of Continuous Online Emission Monitoring systems installed	<input type="text" value="Not Applicable"/>
30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	<input type="text"/>
31	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/>

32	Any other relevant information	<input type="text" value="NO"/>
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Update