

Date: 26-03-2022

To

The Environmental Engineer
Andhra Pradesh Pollution Control Board
Gurunanak Road, Vijayawada-8
Andhra Pradesh.

Sir,

Sub: Submission of from IV Annual report for the period of January 2021 to December 2021-Reg

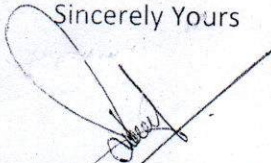
Ref: Kr-438/APP/PCB/ZO-VJA/BMWM/2016-1932

With reference to above Subject we are hereby submitting the Biomedical waste monthly annual returns for our HCG Curie City Cancer Centre located at D.NO. 44-1-1/3, Padavalarevu, Gunadala, Vijayawada.

Please find the enclosed details of January-2021 to December 2021.

Thanking you

Sincerely Yours



Mr. Ravi Kiran. G.
Chief Operating Officer
HCG Curie City Cancer Centre
Vijayawada.



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 2021 to December 2021 of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

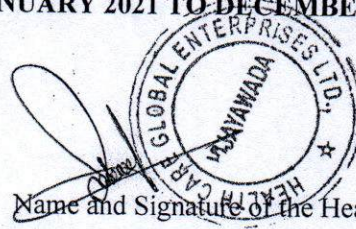
Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Mr. Ravi kiran. G (COO)
	(ii) Name of HCF or CBMWTF	:	HCG CURIE CITY CANCER CENTRE
	(iii) Address for Correspondence	:	#44-1-1/3, Padavalarevu, Gunadala, Vijayawada-520004
	(iv) Address of Facility	:	Same as above
	(v) Tel. No. Fax. No	:	0866-2435900, 2435901, 2438331
	(vi) E-mail ID	:	sridharmuni@hcgel.com
	(vii) URL of Website	:	www.hcgel.com
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(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.: Kr-38/APPCB/ZO-VJA/BMWM/2016-1932 valid up to 31-08-2026
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31-08-2026
2.	Type of Health Care Facility	:	HOSPITAL
	(i) Bedded Hospital	:	No. of Beds: 150
	(ii) Non-bedded hospital	:	Nil
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(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:	:	NA

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA	Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 3097 kgs Red Category : 4159 kgs White: 617 kgs Blue Category : 1361 kgs General Solid waste: 1791 kgs																																																	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																			
	(i) Details of the on-site storage facility	:	Size : 100 sq.feet Capacity : 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>NA</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td>NA</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td>NA</td> </tr> </tbody> </table>		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators			NA	Plasma Pyrolysis			NA	Autoclaves			NA	Microwave			NA	Hydroclave			NA	Shredder			NA	Needle tip cutter or destroyer			NA	Sharps encapsulation or concrete pit			NA	Deep burial pits:			NA	Chemical disinfection:			NA	Any other treatment equipment:			NA
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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.) No																																																	
	(iv) No of vehicles used for collection and transportation of biomedical Waste	:	One																																																	
	(v) Details of incineration ash and ETP sludge generated and disposed	:	Quantity generated	Where disposed																																																

	during the treatment of wastes in Kg per annum		Incineratio Ash ETP Sludge	NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Safenviron	
	(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	
7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.		24	
	(ii) number of personnel trained		148	
	(iii) number of personnel trained at the time of induction		26	
	(iv) number of personnel not undergone any training so far		NIL	
	(v) whether standard manual for training is available?		YES	
	(vi) any other information)		NIL	
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?		NIL	
	Details of Continuous online emission monitoring systems installed		NIL	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		YES	
11	Is the disinfection method or sterilization meeting the log 4			

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

Certified that the above report is for the period from **JANUARY 2021 TO DECEMBER 2021**.



Name and Signature of the Head of the Institution

Date: 26-03-2022
Place: Vijayawada

HCG CURIE CITY CANCER CENTRE VIJAYAWADA**Details of BMW From JAN 2021 TO DEC 2021**

Sl No.	Month	Yellow Wgt(kgs)	Blue Wgt(kgs)	Red Wgt(kgs)	Containers /Sharps	General waste
1	Jan-21	237.1	141.6	447.88	72	146
2	Feb-21	143.7	96.8	342.2	45.8	132
3	Mar-21	174.6	145.9	498.3	33.4	154
4	Apr-21	271.3	172.4	363.7	98.1	186
5	May-21	268.55	147	339.08	70.7	116
6	Jun-21	253.3	68.4	270.5	59.4	143
7	Jul-21	316.2	112.5	311	47.2	168
8	Aug-21	311.67	109.26	325.6	26	179
9	Sep-21	238.5	104.8	239	46.84	142
10	Oct-21	280.75	96.6	331.94	45.1	136
11	Nov-21	274.9	95.8	306.3	49.8	128
12	Dec-21	326.05	70	383.8	23.11	161
	Total	3096.62	1361.06	4159.3	617.45	1791