

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

PCB ID : 128449

Health Care Facility / CBWTF Name : Blood Bank, Bimr Hospitals

1	Year	<input type="text" value="2022"/>
2	Type of Health Care Facility	<input type="text" value="Blood Bank"/>
3	Number of Beds	<input type="text" value="0"/>
4	License Number and Date of Expiry of License	<input type="text" value="80626"/> <input type="text" value="31/10/20"/>
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="1144.870"/>
7	Red Category	<input type="text" value="0"/>
8	White Category	<input type="text" value="25.550"/>
9	Blue Category	<input type="text" value="0"/>
10	General Solid Waste	<input type="text" value="310.250"/>

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

11	Details of the on-site storage facility	Color coded Bins
12	Treatment Facility	<input type="text" value="AUC,NDS"/>
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment (in kg / Year)	<input type="text" value="0.00"/>
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	<input type="text" value="1"/>
15	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in Kg / Year)	<input type="text" value="0"/>
16	Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	<input type="text" value="Davis Surgico (cbwtf) J.A. Hospit"/>
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

Details of Trainings conducted on Bio Medical Waste Management

18	Number of Trainings conducted on BMW Management	<input type="text" value="6"/>
19	Number of Personnel Trained	<input type="text" value="5"/>
20	Number of Personnel Trained at the time of Induction	<input type="text" value="3"/>
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
23	Any other information	N.A.

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)	N.A.
27	Any Fatality Occurred , details	N.A.
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text"/>
29	Details of Continuous Online Emission Monitoring systems installed	N.A.
30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	<input type="text" value="0"/>
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	N.A.

Save

