

**BY HAND**

Date:- 23-01-17

**Haryana State Pollution Control Board**

**Opp. Mini Sectt.**

**Gurgaon**

**Subject: Submission of ANNUAL REPORT (Form –II)**

Dear Sir/Madam,

We submit herewith the Annual Report of the biomedical waste period from January 2016 to December 2016.

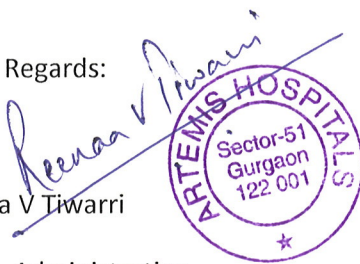
**Please find ANNUAL REPORT (FORM-II)**

Warm Regards:

Reena V Tiwarri

Head – Administration

Artemis Hospital, sector 51, Gurgaon.



28/1/17  
GRN



First hospital in Gurgaon to be JCI  
and NABH accredited.

◆ **Artemis Hospitals (Unit of Artemis Medicare Services Ltd)**

◆ Sector 51, Gurgaon 122001, Haryana, India. Ph: +91 124 6767 999 | Fax: +91 124 6767 701 | **Emergency & Trauma: +91 124 6767 000**

◆ Plot No. 14. Sector 20. Dwarka 110075. Ph.: +91-11-71111000, Fax : +91-11-71111002 **Emergency: +91- 11-71111011**

Corporate Identity No.: U85110DL2004PLC126414 | Email: info@artemishealthsciences.com

Registered Office : 414/1,4th Floor, DDA Commercial Complex, District Centre, Janak Puri, New Delhi-110 058

TIN: 06461826988 (HR), 07300402760 (DEL), SERVICE TAX: AAFCA0130MST001, TAN No.: DELA16048E, PAN: AAFCA0130M

**FORM II**

[see rule- 10 of the Bio-medical Waste (Management & Handling) (Amendment) Rules, 2000]

**ANNUAL REPORT**

(To be submitted to the prescribed authority by 31 January every year)

1. Particulars of the applicant

(i) Name of the authorized person (occupier/operator): **MS. REENAA V TIWARRI**

(ii) Name & address of the institution: **ARTEMIS HOSPITAL**

**(a unit of ARTEMIS MEDICARE SERVICES LTD.)  
SEC.51, GURGAON-122001**

Tel.No. **0124-6767999,**

Telex No.

Fax No. **01246767701**

2. Category of waste generated and quantity on a monthly average basis:

RED: 8586 Kg.

YELLOW: 7529 Kg.

BLUE: 1670 Kg.

3. Brief details of the treatment facility:

In case off-site facility:

(i) Name of the Operator **VULCAN WASTE MANAGEMENT.**

(ii) Name and Address of the facility **MARUTI KUNJ ROAD, BHONDSI, GURGAON.**

(iii) Tel. No., Telex No, Fax No **9810638154**

4. Category-wise quantity of waste treated:

RED: 8586 Kg.

YELLOW: 7529 Kg.

BLUE: 1670 Kg.

5. Mode of treatment with details:

- Incinerator - Burns items of yellow bag at 1050 Degree Celsius
- Autoclave – Solid waste of red bag and blue bag at 135 Degree Celsius
- Shredder – Used for cutting autoclave items like – pipes & syringes
- ETP – Treatment of polluted water

6. Any other information:

7. Certified that the above report is for the period from **JANUARY – 2016 to DECEMBER - 2016**

Date: 23-01-2017

Place: Gurgaon

Signature:

Designation: Head Administration





FORM II  
(See Rule 10)

APPLICATION FOR AUTHORIZATION OR RENEWEL OF AUTHORISATION  
(To be submitted by occupier of Health Care Facility or Common Bio-Medical Waste  
Treatment Facility)

To  
Haryana Pollution Control Board  
C-11,SECTOR-6 PANCHKULA

From: Industry ID-14GUNO687082

Application Id3803725

1	<b>Particulars of the applicant:</b>				
i)	Name of the applicant	:	Joginder Pal		
	Designation	:	Head General Engineering		
ii)	Name of the Institution	:	Artemis Medicare Services Limited		
	Address for correspondence	:	Sector-51,Gurgaon		
	Landline phone No	:	0124-6767999		
	Mobile No.	:	9716837037		
	E-mail Id	:	Joginder@artemishealthsciences.com		
2	<b>Activity for which authorisation is sought:</b>				
	Generation, segregation,Collection,Storage,Transportation,Disposal or destruction use				
3 i)	<b>Authorization now Applied For :</b>	:	Renewal		
3 ii)	<b>Previous Authorization Details :</b>	:			
	Date of Application for BMWA	BMWA Type	Authorisation No	Issued date	Valid date
			HSPCB/BMW/EE/2016/3057	30-03-2016	31-3-2017
iii)	<b>Status of CTE/CTO-latest consent type, issued date and validity date</b>	:			
iv)	<b>GPS Coordinates- Lat/Lon of the location of applicant facility(In decimal degress with 6 decimals)</b>	:	Latitude:		
		:	Longitude:		
4 i)	<b>BMW Facility Type</b>	:	HCF		
4 ii)	<b>BMW Facility Status</b>	:	HCF-Common Facility Member		
iii)	Address of the location of Health Care Facility or CBMWTF	:	Sector-51,Gurgaon		
iv)	CBMWTF-Office and location address of treatment and disposal	:	M/s Vulcan Waste Management Co., Vill. Bhondsi, Gurgaon / M/s Vulcan Waste Management Co., Vill. Bhondsi, Gurgoan		
5)	<b>Details of HCF</b>				
i)	Medical Treatment Facility provided to Outpatients	:	826		

ii)	Medical Treatment Facility provided to Inpatients	:	93
iii)	No of Beds	:	394
iv)	For Non bedded Hospital (Specify)	:	NA
v)	Total number of inpatients & outpatients treated per month in the HCF	:	26244
vi)	Whether the colour coded bags or containers has been provided for collection and segregation of BMW as prescribed in BMW rules?	:	Yes
vii)	Details of training conducted to the paramedical staff/sanitary workers in the BMW management	:	Yes

**Quantity of BMW handled, treated or disposed:**

Category	Type of Waste	Quantity Generated or collected in Kg/day	Method of Treatment and Disposal as per Schedule-I
Yellow	a) Human Anatomical Waste	2	Incineration
	b) Animal Anatomical Waste	0	Incineration
	c) Soiled Waste	241	Incineration
	d) Expired or Discarded Medicines	0	Incineration
	e) Chemical Solid Waste	0	Incineration
	f) Chemical Liquid Waste	0	Onsite ETP to treat and conform to the discharge standards
	g) Discarded linen, mattresses, beddings contaminated with blood or body fluid	0	Disinfection followed by Incineration
	h) Microbiology, Biotechnology and other clinical laboratory waste	8	Sterilisation followed by Incineration
Red	Contaminated waste (Recyclable)	286.2	Autoclaving followed by shredding. Treated waste to be sent to Authorised recyclers or for energy recovery or plastic to Diesel or fuel oil or for road making
White( Translucent)	Waste sharps including Metals	11.5	Autoclaving followed by shredding. Treated waste to be sent to Iron foundries or sanitary landfill or designated concrete waste sharp pit.
Blue	Glassware	44	Disinfection or Autoclaving or microwaving or hydroclaving and then sent for recycling
	Metallic Body Implants	0	
	Total	592.7 Kg/Day	

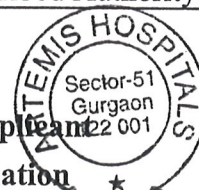
6i)	Mode of Transportation of BMW		:	Common Facility Vehicle
ii)	Details of Treatment equipments available for treatment of BMW:			
	SI No	Treatment equipment	No of units	Type and capacity of each unit
	1	Incinerators		NA
	2	Plasma Pyrolysis		NA
	3	Autoclaves		NA
	4	Microwave		NA
	5	Hydroclave		NA
	5	Hydroclave		NA
	6	Shredders		NA
	7	Needle tip cutter or destroyer		NA
	8	Sharp encapsulation or Concrete pit		NA
	9	Deep burial pits		NA
	10	Chemical disinfection		NA
	11	Any other treatment equipment		NA
7	Details of directions or notices or legal actions if any during the period of earlier authorisation		:	NA
8	Declaration			
	<p>I do hereby declare that the statements made and information given above is true to the best of my knowledge and belief and that I have not concealed any information.</p> <p>I do also hereby undertake to provide any further information sought by the prescribed Authority in relation to these rules and to fulfil any conditions stipulated by the prescribed Authority.</p>			

Date: 31/01/2017

Signature of the applicant

Name and Designation

( JOHINDER TAL )  
HEAD- Engineering )



**Enclosures:**

- 1) BMW AGREEMENT COPY
- 2) PREVIOUS AUTHORIZATION CERTIFICATE
- 3) DD IN FAVOUR OF HARYANA POLLUTION CONTROL BOARD  
Rs. 5000/-
- 4) FORM II.
- 5) WASTE DETAILS JAN 2016 - DEC 2016