

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

**PCB ID : 130591**

**Health Care Facility / CBWTF Name : Arthrogen Medical (Opc) Private Limited**

1	Year	2021 ▼
2	Type of Health Care Facility	Bedded Hospital Priva ▼
3	Number of Beds	25
4	License Number and Date of Expiry of License	AWB-79548      26/08/20
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	182.4
7	Red Category	48
8	White Category	25.2
9	Blue Category	12
10	General Solid Waste	20

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

11	Details of the on-site storage facility	BMW DUSTBINS
12	Treatment Facility	---
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment ( in kg / Year )	0
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	0
15	Details of Incineration Ash and ETP Sludge generated and disposed	0

	during the Treatment of waste (in Kg / Year )	
16	Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Hoswin Incinerator Pvt. Ltd <input type="text"/>
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"/>

### 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
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" value="Not Applicable"/>
27	Any Fatality Occurred , details	<input type="text" value="No"/>
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" value="0"/>
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" 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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="text" value="0"/>
32	Any other relevant information	<input type="text" value="No"/>
<b>Update</b>		