

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

PCB ID : 134601

Health Care Facility / CBWTF Name : Gnv Diagnostics And Research Center

GNV DIAGNOSTIC PRIVATE LIMITED

[Signature]
DIRECTOR

1	Year	<input type="text" value="2022"/>	
2	Type of Health Care Facility	<input type="text" value="Pathology"/>	
3	Number of Beds	<input type="text" value="00"/>	
4	License Number and Date of Expiry of License	<input type="text" value="B-84435"/>	<input type="text" value="31/05/19"/>
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="211.25"/>	
7	Red Category	<input type="text" value="0.01"/>	
8	White Category	<input type="text" value="0.21"/>	
9	Blue Category	<input type="text" value="0.78"/>	
10	General Solid Waste	<input type="text" value="500.0"/>	

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

11	Details of the on-site storage facility	GENERATED, SEGREGATED BIOMEDICAL WASTE STORED IN COLOUR CODED , BIOHAZARD
12	Treatment Facility	<input type="text" value="CHM,CUT,DIF,DBN,DSN,DNC,BND,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="00"/>

16	Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Select Your CBWTF <input type="text"/>
17	Do you have bio-medical waste management committee ? If yes, minutes of the meetings held during the reporting period	<input type="radio"/> Yes <input checked="" type="radio"/> No N.A.

Details of Trainings conducted on Bio Medical Waste Management

18	Number of Trainings conducted on BMW Management	1 <input type="text"/>
19	Number of Personnel Trained	2 <input type="text"/>
20	Number of Personnel Trained at the time of Induction	<input type="text"/>
21	Number of Personnel not undergone any Training so far	0 <input type="text"/>
22	Whether standard manual for Training is available ?	<input checked="" type="radio"/> Yes <input type="radio"/> No
23	Any other information	GENERATED, SEGREGATED BIOMEDICAL WASTE DISPOSED THROUGH INCINERATOR OF M/S <input type="text"/>

Details of the accident occurred during the year

24	Number of Accident occurred	0 <input type="text"/>
25	Number of the persons affected	0 <input type="text"/>
26	Remedial Action taken (details if any)	NO
27	Any Fatality Occurred , details	NIL
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 N.A. <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	TREATED & DISPO <input type="text"/>
31	Is the disinfection method or sterilization meeting the log 4	<input checked="" type="radio"/> Yes <input type="radio"/> No 00 <input type="text"/>

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	standards ? How many times you have not met the standards in a year ?	
32	Any other relevant information	GENERATED, SEGREGATED BIOMEDICAL WASTE DISPOSED THROUGH INCINERATOR OF M/S

Update

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DIRECTOR