

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		
1	Year	2025
2	Type of Health Care Facility	Pathology GNV DIAGNOSTIC PRIVATE LIMITED DIRECTOR
3	Number of Beds	00
4	License Number and Date of Expiry of License	B-84435 31/05/20
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	154.61
7	Red Category	1.15
8	White Category	0.33
9	Blue Category	0.06
10	General Solid Waste	150.0
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	CHM, BND, NEE
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment (in kg / Year)	00
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	1
15	Details of Incineration Ash and ETP Sludge generated and disposed	00

	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	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	<input type="text" value="1"/>
19	Number of Personnel Trained	<input type="text" value="02"/>
20	Number of Personnel Trained at the time of Induction	<input type="text" value="02"/>
21	Number of Personnel not undergone any Training so far	<input type="text" value="00"/>
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 DAILY HANDOVER TO INCINERATOR OPERATOR //

Details of the accident occurred during the year

24	Number of Accident occurred	<input type="text" value="00"/>
25	Number of the persons affected	<input type="text" value="00"/>
26	Remedial Action taken (details if any)	N.A. //
27	Any Fatality Occurred , details	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 type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value="N.A."/>
29	Details of Continuous Online Emission Monitoring systems installed	N.A.  DIRECTOR

30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	DISPOSED AFTER
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" value="00"/>
32	Any other relevant information	NIL
Update		


GNV DIAGNOSTIC PRIVATE LIMITED
DIRECTOR