

## 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	2023 <input type="button" value="v"/>
2	Type of Health Care Facility	Pathology <input type="button" value="v"/>
3	Number of Beds	00
4	License Number and Date of Expiry of License	B-84435      31/05/2
5	Do you have Captive Treatment Facility ?	<input type="radio"/> Yes <input checked="" type="radio"/> No

GNV DIAGNOSTIC PRIVATE LIMITED

DIRECTOR


**Quantity of Waste Generated or Disposed in Kg per annum (on monthly average basis)**

6	Yellow Category	175.0
7	Red Category	0.26
8	White Category	0.38
9	Blue Category	0.98
10	General Solid Waste	250.0


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

11	Details of the on-site storage facility	GENERATED, SEGREGATED, BIOMEDICAL WASTE STORED IN COLOURED CONTAINERS <input type="button" value="v"/>
12	Treatment Facility	CHM, DBN, DNC, BND
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		



12-Feb-24


	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in Kg / Year )	00
16	Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Select Your CBWTF 
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 <input data-bbox="890 533 1268 604" type="text" value="N.A."/>

**Details of Trainings conducted on Bio Medical Waste Management**

18	Number of Trainings conducted on BMW Management	1
19	Number of Personnel Trained	04
20	Number of Personnel Trained at the time of Induction	
21	Number of Personnel not undergone any Training so far	00
22	Whether standard manual for Training is available ?	<input checked="" type="radio"/> Yes <input type="radio"/> No
23	Any other information	NIL 

**Details of the accident occurred during the year**

24	Number of Accident occurred	00
25	Number of the persons affected	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 data-bbox="1125 1937 1332 2027" type="text" value="N.A."/>

29	Details of Continuous Online Emission Monitoring systems installed	N.A. <span style="float: right;">^ v</span>
30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	TREATED AND I
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 <span style="margin-left: 20px;">00</span>
32	Any other relevant information	NIL <span style="float: right;">^ v</span>
Update <b>GNV DIAGNOSTIC PRIVATE LIMITED</b>  <b>DIRECTOR</b>		