

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

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|---|--|---|--------------------------------|
| 1 | Year | 2021 | GNV DIAGNOSTIC PRIVATE LIMITED |
| 2 | Type of Health Care Facility | Pathology | DIRECTOR |
| 3 | Number of Beds | 00 | |
| 4 | License Number and Date of Expiry of License | B-84435 | 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 | 900.0 |
| 7 | Red Category | 100.0 |
| 8 | White Category | 80.0 |
| 9 | Blue Category | 6.0 |
| 10 | General Solid Waste | 400.0 |

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

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| 11 | Details of the on-site storage facility | GENERATED, SEGREGATED BIOMEDICAL WASTE STORED IN BIOHAZARD |
| 12 | Treatment Facility | CHM,DBN,DIS,DSN,DNC,BND,NEE,NCS,NDS |
| 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 |

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| 15 | 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 <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 <input type="text" value="N.A."/> |

Details of Trainings conducted on Bio Medical Waste Management

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|----|---|--|
| 18 | Number of Trainings conducted on BMW Management | 1 |
| 19 | Number of Personnel Trained | 08 |
| 20 | Number of Personnel Trained at the time of Induction | <input type="text"/> |
| 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 | GENERATED, SEGREGATED BIOMEDICAL WASTE DISPOSED THROUGH INCINERATOR OF M/S |


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 type="text" value="N.A."/> |

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| 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 AND DISF |
| 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="00"/> |
| 32 | Any other relevant information | GENERATED, SEGREGATED BIOMEDICAL WASTE DISPOSED THROUGH INCINERATOR OF M/S |

Update

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