

**SIDDAGANGA HOSPITAL
AND RESEARCH CENTER**
— DEDICATED TO HEALTH —


To,
The ~~CEO~~ *Commissioner*,
Municipal Office
Tumkur.

Dear Sir/ Madam,

Sub: Submission of BMW report of Sree Siddaganaga Hospitals Pvt Lmtd

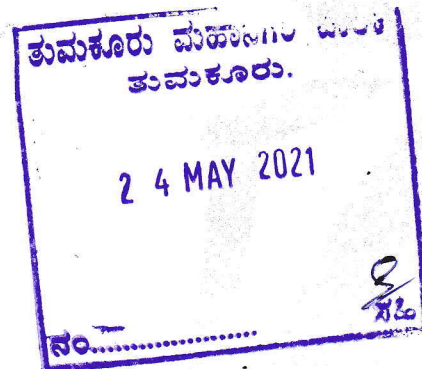
With reference to the above mentioned subject Sree Siddaganga Hospitals Pvt Lmtd has prepared the annual BMW report for the year 2020-21 and submitting the same to your office with is attached along with this letter.

Thanks and Regards...


Dr. S. Paramesh

Managing Director

Date: 22/05/2021



Form – IV
(See rule13)
ANNUAL REPORT
COVID-19 REPORT

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]


Sl. No	Particulars		
1.	Particulars of the Occupier	:	MANAGING DIRECTOR
	(i) Name of the authorised person (occupier or : operator of facility)	:	DR S PARAMESH
	(ii) Name of HCF or CBMWTF	:	
	(iii) Address for Correspondence	:	SHRC B H ROAD TUMKUR
	(iv) Address of Facility	:	SHRC B H ROAD TUMKUR 572102
	(v) Tel. No, Fax. No	:	0816-66022222
	(vi) E-mail ID	:	Sreesiddagangahospitalgmail.
	(vii) URL of Website	:	WWW.SIDDAGANGAHOSPITAL.COM
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 20/PCB/SEO-CTA/BMW/2017/343 valid up to ...30/09/2021.....
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:30/09/2021 AW-304269
2.	Type of Health Care Facility	:	PRIVATE
	(i) Bedded Hospital	:	No. of Beds:200
	(ii) Non-bedded hospital	:	

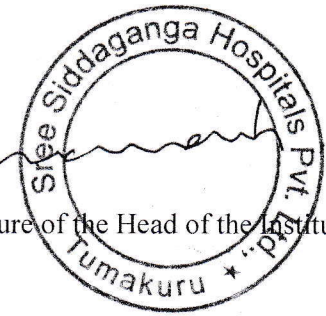
	Laborator (Clinic or Blood Bank or Clinical y or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category:15884 KG / 6MONTH Red Category :11830 KG / 6 MONTH White:4070 KG / 6 MONTH Blue Category :2681 KG / 6 MONTH General Solid waste: -
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on- site storage facility	:	Size :NA Capacity :NA Provision of on-site storage : (cold storage or any other provision)

disposal facilities		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
		Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment:			NA NA NA
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) NA & ALL WASTE IS DISPOSING WITH MEDICARE			
(iv) No of vehicles used for collection and transportation of biomedical waste	:	NA			
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		NA	Quantity generated	Where disposed	
		Incineration Ash ETP Sludge			
(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of		MEDICARE ENVIRONMENT MGT PVT LTD RAMKY HOUSE SIT NO 25-30, 2nd CROSS RAGAVENDRA NAGAR HENNUR RING ROAD KALYAN NAGAR BANGALORE -43			
(vii) List of member HCF not handed over bio-medical waste.		NA			
6 Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		NO			
7 Details trainings conducted on BMW					
(i) Number of trainings conducted on BMW Management.					

	(ii) number of personnel trained		250+40 HK STAFF
	(iii) number of personnel trained at the time of induction		250
	(iv) number of personnel not undergone any training so far		NA
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		
	(ii) Number of the persons affected		
	(iii) Remedial Action taken (Please attach details if any)		
	(iv) Any Fatality occurred, details.		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA
	Details of Continuous online emission monitoring systems installed		NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		CHEMICAL DISINFECTION & DISCHARGE INTO DRAIN
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NA
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from:- **JULY 2020 –DEC 2020**


 Name and Signature of the Head of the Institution



Date: 20/05/2021
Place: TUMKUR