Baby Memorial Hospital Ltd. KERALA'S FINEST MULTI-DISCIPLINARY SUPER-SPECIALITY HOSPITAL

(NABH Accredited, ISO 9001:2008 & ISO 14001:2004 Certified Hospital)

NABH Accredited, ISO 9001:2008 & ISO 14001:2004 Certified Hospiti CIN: U85110 KL 2009 PLCO 37460 | GSTIN No. : 32AADCB7392J2ZI



Ref No: BMH/ESD/M/140319/01

14/03/2019

To

The Member Secretary Kerala State Pollution Control Board Plamood, Pattam Thiruvananthapuram–695 004

Sub: Annual Report 2018- as per Bio-Medical Waste rules

Ref. Your letter no. PCB/RO KKD/KKD/W/22/05 dated 17.02.2017.

Sir,

The annual report 2018 as per Biomedical Waste Rules in Form no. IV with required details is submitted herewith.

Thanking you,

Yours truly,

Vijayakrishnan P. Asst. General Manager, Facilities & Bio Medical Engineering

Copy to: The Environmental Engineer, KSPCB, Kozhikode

Form IV (See rule 13)

ANNUAL REPORT

SI.	Particulars		Transco.
1	(I) Particulars of the occupier		I lead to my survivar held has re
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. K.G. Alexander
	(ii) Name of HCF or CBMWTF		M/s Baby Memorial Hospital Ltd.
	(iii) Address for Correspondence	:	I G Road, Arayadathupalam Kozhikode – 673 004
	(iv) Address of Facility	:	M/s Baby Memorial Hospital Ltd. I G Road, Arayadathupalam, Kozhikode–673 004
	(v) Tel.No.		0495 2777777
	Fax.No		0495 2723484
	(vi) E-mail ID	:	info@babymhospital.org, bmhms@babymhospital.org
	(vii) URL of Website	:	www.babymhospital.org
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	Limited Company
	(x) Status of Authorization under the Bio-Medical Waste (Manage ment and Handling) Rules	:	Authorization No: PCB/HO//KKD/ICO-R/03/2016 Valid up to 30/06/2018 (Applied for Renewal-Pending with PCB)
5	(xi) Status of Consents under Water Act and Air Act	:	Valid up to: 30/06/2018 (Applied for Renewal-Pending with PCB)
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 600
	(ii) Non-bedded hospital (Clinic or ¹Blood Bank or Clinical Laboratory or Research institute or Veterinary Hospital or any other)		NA

	(iii) License number and expiry.	its date of		C-III/05/950/2018-2	019	5	
3	Details of CBMWTF		:	IMAGE-Palakkad			
	(I) Number healthcare factors cove red by CBMWTF	cilities	:			, 54 °	
	(ii) No.of beds co	vered by	:	.	red	, i	Part of the second
	(iii) Installed treatment an capacity of CBMWTF	d disposal	:				
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF		;				e Marie di
4	Quantity of waste gendisposed in Kg per armonthly average basis)			Yellow category Red category			(per year)
				White category			(per year)
				Blue category	: 7542	kg	(per year)
	Alfordation			General Solid waste	e : 11877	77 kg	(per year)
	5 1 2 (0 1 1						
5	Details of the storage, trea	atment, trans	sport	tation, processing	and Dis	spos	al Facility
5	(i) Details of the on-sit		sport	Size : 200 Sqf	-	spos	al Facility
5			sport		-	spos	al Facility
5	(i) Details of the on-sit facility	e storage	sport	Size : 200 Sqf		spos	al Facility
5	(i) Details of the on-sit	e storage	sport	Size : 200 Sqf		spos	al Facility
5	(i) Details of the on-sit facility (ii)Details of the treatment	e storage		Size : 200 Sqff Capacity : 2500 kg	Qua disp	antity	y treated or d on kg per
5	(i) Details of the on-sit facility (ii) Details of the treatment Disposal facilities Type of Treatment	e storage or		Size : 200 Sqff Capacity : 2500 kg IMAGE Capacity	Qua disp	antity	y treated or
5	(i) Details of the on-sit facility (ii) Details of the treatment Disposal facilities Type of Treatment equipment	e storage or		Size : 200 Sqff Capacity : 2500 kg IMAGE Capacity	Qua disp	antity	y treated or
5	(i) Details of the on-sit facility (ii) Details of the treatment Disposal facilities Type of Treatment equipment Incinerators	e storage or		Size : 200 Sqff Capacity : 2500 kg IMAGE Capacity	Qua disp	antity	y treated or
5	(i) Details of the on-sit facility (ii) Details of the treatment Disposal facilities Type of Treatment equipment Incinerators Plasma Pyrolysis	e storage or		Size : 200 Sqff Capacity : 2500 kg IMAGE Capacity	Qua disp	antity	y treated or
5	(i) Details of the on-sit facility (ii) Details of the treatment Disposal facilities Type of Treatment equipment Incinerators Plasma Pyrolysis Autoclave	e storage or		Size : 200 Sqff Capacity : 2500 kg IMAGE Capacity	Qua disp	antity	y treated or
5	(i) Details of the on-sit facility (ii) Details of the treatment Disposal facilities Type of Treatment equipment Incinerators Plasma Pyrolysis Autoclave Microwave	e storage or		Size : 200 Sqff Capacity : 2500 kg IMAGE Capacity	Qua disp	antity	y treated or
5	(i) Details of the on-sit facility (ii) Details of the treatment Disposal facilities Type of Treatment equipment Incinerators Plasma Pyrolysis Autoclave Microwave Hydro clave	e storage or		Size : 200 Sqff Capacity : 2500 kg IMAGE Capacity	Qua disp	antity	y treated or

					Tarana ya Yarina ya kata I.	
	Deep burial pits		4			
	Chemical disinfection	-				
	Any other treatment equipment					
	(iii)Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. (iv) No of vehicles used for collection and transportation of bio-medical waste.			Red Category (like plastic, glass etc.,) Nil		
				4 Trolleys.		
	(v) Details of incineration a ETP sludge generated ar disposed during the treatme wastes in Kg per annum	nd	: Ash nil. ETP Sludge-63000 kg.			
*	Incineration :	Quantity ge	ener	ated	Where disposed	
	Ash	A STATE OF THE STA				
	ETP Sludge	63000 kg		Landfill.		
	(vi) Name of the com- Medical Waste Treatmer Operator through which w disposed of	t Facility		M/s IMAGE, E	BMW	
	(vii) List of member HCF nover bio-medical waste.	ot handed	•			
6	Do you have bio-medic management committee? attach minutes of the med during the reporting period.	If yes, etings held		No.		
7	Details trainings conducted	on BMW	:	Weekly, Mont	thly, Orientation on during induction	
	(I) Number of training con BMW Management	ducted on	:	69 nos. (01.0	01.2018 to 31.12.2018)	
	(ii) Number of personnel tr	ained	1	1380 nos		
	(iii) Number of personnel the time of induction	trained at	:	482 nos		
	(iv) Number of personnel gone any training so fa		:	Nil.		
	(v) Whether standard metraining is available?	nanual for	:	Yes.		
	(vi) Any other information)		:	-		
8	Details of the accident during the year.	occurred	:	-		

	(I) No. of accidents occurred	:	
	(ii) Number of the persons affected	÷	
	(iii) Remedial action taken (please attach details if any)		
	(iv) Any Fatality occurred, details	3	
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		
	Details of continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:*	Nil
11	Is the disinfection method or sterilization meeting the long 4 standards? How many times you have not met the standards in a year?	•	
12	Any other relevant information		Nil

Certified that the above report is for the period from

01.01.2018 to 31.12. 2018.

Signature

Asst. General Manager, Facilities & Bio Medical Engineering

Date: 14/03/2019 Place: Kozhikode

Vijayakrishnan P Assistant General Manager Maintenance & Bio Medical Engineer

Rozhiltode-073

Form 10 [See rule 19 (1)]

MANIFEST FOR HAZARDOUS AND OTHER WASTE

1 Sender's name and mailing address : (including Phone No. and e-mail)

M/s Baby Memorial Hospital Ltd. I G Road, Kozhikode – 673 004 +91495 27777777, 2723272 info@babymhospital.org

2 Sender's authorization No.

: PCB/HO/KKD/ICO-R/03/2016

3 Manifest Document No.

: No.040

4 Transporters name and address : (including Phone no.and e-mail) : Earth Sense Recycle Pvt.Ltd XIII/650, K.Puthur, Kanjikode Post, Palakkad-678621, Ph: 0491 2566116

5 Type of vehicle

(Truck/Tanker Special Vehicle)

6 Transporter's registration no.

. -

7 Vehicle registration No

: KL 58 F 2410

8 Receiver's name and mailing address (including phone no and email) Earth Sense Recycle Pvt.Ltd

XIII/650, K.Puthur, Kanjikode Post,

Palakkad-678621, Ph: 0491 2566116

9 Receiver's authorization No

: PCB/PLKD/IC/CO/R2/404/2016

10 Waste description

Recyclable E-waste 935 kg,
 CFL& Disposal items 117 kg.

11 Total quantity no.of containers

: 1052 kg.

12 Physical form

: Solid ✓ /Semi

13 Special handling instructions and additional information

14 Sender's certificate

: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are categorized, packed, marked, and labeled, and are in all respects in proper conditions for transport by road according to applicable

national government regulations.

Name and stamp:

Signature:

Month	Day	Year
06 /	01 /	2018

15 Transporter acknowledgment of receipt of Wasters

Name and stamp:

Signature

Month Day Year 06 / 01 / 2018

16 Receivers certification for receipt of hazardous and other waste

Name and stamp:

Signature

Month Day Year 06 / 01 / 2018

E-WASTE MANIFEST

1.	Sender's Name and mailing Address	m/s. Raby Mamarial Hospital
	(Including Phone No.):	MIS. Baby Memorial Hospital
	04952777777	Puthiyara (P.D), Calicut
2.	Sender's Authorisation No., if applicable:	
3.	Manifest Document No.:	040
4.	Transporter's Name and Address (Including Phone No.):	Earth Sense Palaktad
5.	Type of Vehicle:	(Truek or Tanker or Special Vehicle)
6.	Transporter/s Registration No.:	The state of the s
7.	Vehicle Registration No. :	KL 58 F 2410
8.	Receiver's Name & Address :	Earth Sense Recycle Private Limited XIII/650, K. Puthur, Kanjikode Post, Palakkad - 678 621, Kerala, Phone: 0491 2566116
9.	Receiver's Authorisation No., if applicable:	PCB PLKD/ IC RO RE A04 2016
10.	Description of E-waste (Item, Weight / Numbers)	Recyclosble- E-Waste 935 Kg CFL & disposal items - 117 Kg
11.	Name and stamp of sender * (Manufacturer or Pro- Refurbisher or Dismantler) : Signature	Month Day Year
-	Transporter acknowledgment of receipt of E-Was	tes
12.	Name and Stamp: Signature	Month Day Year
	Receiver * (Collection Centre or Refurbisher or DE - Wastes	Dismantler or Recyclers Certification of receipt of
13.	Name and Stamp: Signature Nithin, L Anilo Alakka	Month Day Year

* As applicable

Copy Number with Colour Code (1)	Purpose (2)
Copy I (Yellow)	To be retained by the sender after taking signature on it from the transporter and other three copies will be carried by transporter.
Copy 2 (Pink)	To be retained the receiver after signature of the transporter.
Copy 3 (Orange)	To be retained by the transporter after taking signature of the receiver.
Copy 4 (Green)	To be retained by the receiver with his/her signature to the sender