

Office of Principal ,Guru Gobind Singh Medical College, Faridkot.

No 2024/2691.....

Date 31/1/24

| | |
|---|--------------------------|
| Guru Gobind Singh Medical College, Faridkot | |
| Principal _____ | A.R./Office Supdt. _____ |
| Date _____ | Branch _____ |
| Diary No. _____ | Diary Date _____ |

To

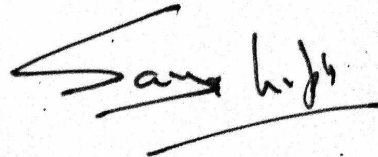
Environmental Engineer,
Punjab Pollution Control Board,
Faridkot.

Subject: Regarding Submission of Annual Report under Bio Medical Waste Management Rules, 2016 for the Period of Jan-Dec 2023.

Please find enclosed herewith annual report performa for the period of jan-dec 2023 for your kind information and necessary action please.

Encls:

- 1 Annual report performa (2 pages)
- 2 Attendance Sheet of training (46 pages)
- 3 Minutes of meeting (3pages)
- 4 Accidental Report (1page)



Principal
GGSMC, Faridkot

Shamir

**From -IV
(See rule 13)
Annual 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 | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (i) Name of the authorized person (occupier or operator of facility) | : | Dr. Sanjay Gupta Principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (ii) Name of HCF or CBMWTF | : | G.G.S.M.C. Hospital Faridkot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iii) Address for Correspondence | : | G.G.S.M.C. Hospital Faridkot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (i) Address of Facility | : | G.G.S.M.C. Hospital Faridkot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (ii) Tel. No. Fax. No. | : | 01639-251111 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (v) E-mail ID | : | Pr.G.G.S.M.C.H@Yahoo.Com | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (i) URL of Website | : | g.g.s.m.c.h.org | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (ii) GPS coordinates of HCF of CBMWTF | : | 30.6813 N, 74.7476 E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iii) Ownership of HCF of CBMWTF | : | (State Government of Private or Semi Govt. or any other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules. | : | Authorization No. BMW/Fresh/FDK/2023/23832367 Valid up to: 31/12/2025 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (v) Status of Consents under Water Act and Air Act. | : | Valid up to: Air/31/12/2024 water-31/3/2024 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Type of Health Care Facility | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (i) Bedded Hospital | : | No. of Beds 1095 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iii) License number and its date of expiry. | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Details if CBMWTF | : | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (i) Number healthcare facilities covered by CBMWTF | : | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (ii) No. of beds covered by CBMWTF | : | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF | : | _____ Kg per day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iv) Quantity of biomedical waste treated or disposal by CBMWTF | : | _____ Kg/day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow category: 42568.564 Yellow Cytotoxic 32269.241 Red Category: 44608.035 White: 779.619 Blue Category: 2083.86 General Solid waste 515 kg/day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Covid 19 - 2032.929 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (i) Details of the on-site storage facility | : | Size : 30ft - 45 inches x 19ft 45 inches Capacity: NA Provision of on-site storage : (cold storage or any other provision) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (ii) Disposal Facilities | : | <table border="0"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed In Kg per Annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Plasma Paralysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep Burial pits:</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td>NA</td> <td></td> <td></td> </tr> </tbody> </table> <p>Autoclave outsource to M/S med waste solution Pvt. Ltd</p> <p>in wards and labs</p> | Type of treatment Equipment | No of Units | Capacity Kg/day | Quantity treated or disposed In Kg per Annum | Incinerators | NA | | | Plasma Paralysis | | | | Autoclaves | | | | Microwave | | | | Hydroclave | NA | | | Shredder | | | | Needle tip cutter or destroyer | | | | Sharps encapsulation or concrete pit | | | | Deep Burial pits: | NA | | | Chemical disinfection: | | | | Any other treatment equipment: | NA | | |
| Type of treatment Equipment | No of Units | Capacity Kg/day | Quantity treated or disposed In Kg per Annum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incinerators | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plasma Paralysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autoclaves | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Microwave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hydroclave | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shredder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needle tip cutter or destroyer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sharps encapsulation or concrete pit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deep Burial pits: | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemical disinfection: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other treatment equipment: | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|-----|---|--|
| | authorized recyclers after treatment in kg per annum | new category (like plastic, glass etc.) |
| | (iv) No of vehicles used for collection and transportation of biomedical waste. | Three Trolley |
| | (v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum) | Quantity Generated Where disposal Incineration Ash ETP Sludge } NA |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | Mr Deepak Sindal M/S Med Store solution Pvt Ltd Vill Bidawal Teh Giddarbaha. Dist. Muktesar Sahib |
| | (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. | Yes attached. |
| 7. | Detail trainings conducted on BMW | |
| | (i) Number of training conducted on BMW Management. | 46 |
| | (ii) Number of personnel trained | 933 |
| | (iii) Number of personnel trained at the time of induction | 152 |
| | (iv) Number of personnel not undergone any training so far. | — |
| | (v) Whether standard manual for training is available ? | Yes |
| | (vi) Any other information) | NA |
| 8. | Details of the accident occurred during the year | |
| | (i) Number of Accidents occurred | |
| | (ii) Number of the persons affected | Nil Major Accidents |
| | (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 | |
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year. | T/T at source in ward STP (Sewage Treatment Plant) |
| 11. | If 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 Device attached with the incinerator.) |

Certified that the above report is for the period from

11/1/2023 to 31/12/2023

Date: 31/1/2024
Place: Faridkot

Name and Signature of the Head of the Institution

Shamim

FORM - I

[(See rule 4(o),

5(i) and 15 (2)]

ACCIDENT

REPORTING

- Date and time of accident :
- Type of Accident :
- Sequence of events leading to accident :
- Has the Authority been informed immediately :
- The type of waste involved in accident :
- Assessment of the effects of the accidents on human health and the environment:
- Emergency measures taken :
- Steps taken to alleviate the effects of accidents :
- Steps taken to prevent the recurrence of such an accident :
- Does you facility has an Emergency Control policy? If yes

No Major Accident

give details:

Date : *31/1/2024*

Signature

Shamim

Place: *Faizkot*

Designation