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| Sr No. | UAN No. | Application Type | Application Date | Status | Action |
|--------|--|---------------------------------|------------------|-----------|--------------------|
| 1 | MPCB-BMW_AUTH-0000013419 | BIO-MEDICAL WASTE AUTHORIZATION | 07-02-2018 | Submitted | Download Payment |
| 2 | MPCB-BMW_ANNUAL_REPORT-000002008 | BIO-MEDICAL WASTE ANNUAL REPORT | 22-01-2019 | Submitted | Download |
| 3 | MPCB-BMW_ANNUAL_REPORT-000002297 | BIO-MEDICAL WASTE ANNUAL REPORT | 17-06-2019 | Submitted | Download |
| 4 | MPCB-E_WASTE_ANNUAL_REPORT_NEW-000000878 | E-WASTE ANNUAL REPORT | 28-06-2019 | Submitted | Download |
| 5 | MPCB-BMW_ANNUAL_REPORT-000003130 | BIO-MEDICAL WASTE ANNUAL REPORT | 10-06-2020 | Submitted | Download |

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Maharashtra Pollution Control Board

महाराष्ट्र प्रदूषण नियंत्रण मंडळ

Form - IV

(See rule 13)

ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30 th 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)]

| | | |
|---|--|--|
| Application Type: HCF | | Submit To SRO-Pune I |
| i) Unit Name Sahyadri Hospitals Ltd. Sahyadri Hospital Bibwewadi | ii) Plant Name Sahyadri Hospitals Ltd. Sahyadri Hospital Bibwewadi | |
| Member of CBWTF: Yes | | |
| Type of Health Care Facility Bedded | | |
| 1) Particulars | | |
| i) First Name Dr. Alapini | ii) Middle Name Madhav | iii) Last Name Thopte |
| iv) Designation Sr. Manager Operation | v) Aadhaar No 876910874609 | vi) PAN No AADCS9911L |
| vii) Address as per Aadhaar Card Flat No. 408, A - Wing, S. No. 84, NDA Road, Shivane, Tal. Haveli, Dist. Pune - 411023 | viii) Tel. No. 9673338101 | ix) Fax No. 02067213700 |
| x) e-mail alapini.thopte@sahyadrihospitals.com | xi) URL of website https://www.sahyadrihospital.com | |
| 2) Details of the HCF | | |
| i) Name of the HCF SHL Sahyadri Hospital Bibwewadi | ii) Email alapini.thopte@sahyadrihospitals.com | iii) Name of the contact person Dr. Alapini Thopte |
| iv) Contact No. 9673338101 | | |
| 3) Address of the HCF | | |
| i) Building Name/Building No./Survey Number Plot No. 13, Survey No. 573, CTS No. 281, Swami Vivekanand Road | ii) Street / Village Near Suhag Mangal Karyalaya, Bibwewadi | iii) City / Taluka Pune |
| iv) District Pune | v) Pin-Code Number 411037 | vi) Near by Landmark |
| vii) Latitude coordinate 18.5075 | viii) Longitude coordinate 73.8077 | ix) Ownership Private |
| 4) Status of Consent and Authorisation under the Bio-Medical Waste (Management and Handling) Rules | | |
| i) Authorization No. MPCB/ROP/P-1/BMW-AUTH/28/2015 | ii) Authorization validity Date 2018-05-31 | |
| i) Consent Number | ii) Consent validity Date | |
| 5) Total No of Beds (As per valid Authorization) | | 37 |

| | | | |
|--|--|---------------------------|--|
| 6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC) | | LCBT-2009-00010 | |
| 7) Registration Expiry Date | | 2021-03-31 | |
| 8) Faculty of Medicine 1 | | | |
| 9) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s. Passco Environmental Solution, PMC | | | |
| 11) Details of BMW | | | |
| i) Authorized BMW Quantity MT/ annum (as per valid CCA) | | | |
| Yellow 0.1400 | Red 0.1200 | Blue 0.0200 | White 0.0100 |
| ii) Generation of BMW Quantity (kg/day) | | | |
| Yellow 8.1500 | Red 4.8400 | Blue 2.2800 | White 0.3100 |
| iii) Quantity of waste generated and disposed in MT/annum (on monthly average basis) | | | |
| Yellow 8.1500 | Red 4.8400 | Blue | White 0.3000 General Solid Waste 8.4500 |
| 12) Details trainings conducted on BMW | | | |
| i) Number of trainings conducted on BMW Management. 16 | | | |
| ii) Number of personnel trained 123 | | | |
| iii) Number of personnel trained at the time of induction 28 | | | |
| iv) number of personnel not undergone any training so far | | | |
| v) whether standard manual for training is available? Yes | | | |
| vi) any other information NA | | | |
| 13) 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) No | | | |
| iv) Any Fatality occurred, If yes details. No | | | |
| 14) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? Yes | | | |
| 15) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? Yes | | | |
| Place Pune | Designation Sr. Manager Operations | Date 2020-06-09 | |