



## 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<br>SRO-Pune I                            |  |  |
| i) Unit Name<br>SURYA HOSPITALS PVT. LTD. SURYA<br>SAHYADRI HOSPITAL  | ii) Plant Name<br>SURYA HOSPITALS PVT. LTD. SURYA SAHYADRI<br>HOSPITAL |  |  |  |
| Member of CBMWTF: Yes   |  |  |  |  |
| Type of Health Care Facility Bedde  | ed   |  |  |  |
| 1) Particulars  |  |  |  |  |
| <b>i) First Name</b><br>MAHESH  | ii) Middle Name<br>SUDHAKAR  | iii) Last Name<br>KULKARNI                         |  |  |
| <b>iv) Designation</b><br>Chief Adminstrative Officer   | v) Aadhaar No<br>876910874609  | vi) PAN No<br>AACCS9236M                           |  |  |
| vii) Address as per Aadhaar Card<br>15A, Chintamani, Srushti Society,<br>S.N. 52 / B, Vrundavan Hsg. Sco., DP<br>Road, Kothrud, Pune 411038 | viii) Tel. No.<br>9822409108   | ix) Fax No.<br>02024513900                         |  |  |
| x) e-mail<br>mahesh.kulkarni@sahyadrihospitals.<br>com  | xi) URL of website<br>https://www.sahyadrihospital.com                 |  |  |  |
| 2) Details of the HCF   |  | •  |  |  |
| i) Name of the HCF<br>SHPL Surya Sahyadri Hospital  | ii) Email<br>mahesh.kulkarni@sahyadrihospitals.com                     | iii) Name of the contact person<br>Mahesh Kulkarni |  |  |
| iv) Contact No.<br>9822409108   |  | •  |  |  |
| 3) Address of the HCF   |  |  |  |  |
| i) Building Name/Building<br>No./Survey Number<br>1317 Shanivar Peth  | ii) Street / Village<br>Agarwale Road                                  | iii) City / Taluka<br>Pune                         |  |  |
| <b>iv) District</b><br>Pune   | v) Pin-Code Number<br>411011   | vi) Near by Landmark                               |  |  |
| vii) Latitude coordinate<br>18.5075   | viii) Longitude coordinate<br>73.8077                                  | ix) Ownership<br>Private                           |  |  |
| 4) Status of Consent and Authoris   | sation under the Bio-Medical Waste (Managen                            | nent and Handling) Rules                           |  |  |
| i)Authorization No.<br>MPCB/ROP/BMW-AUTH/804000638  | ii)Authorization validity Date<br>2021-09-30                           |  |  |  |
| i)Consent Number  | ii)Consent validity Date   |  |  |  |
| 5) Total No of Beds (As per valid Authorization)  |  | 48   |  |  |
| 6) Registration Number (e.g. Bombay Nursing Home reg. no.,MSDC,MBTC)  |  | LCBP-0506-01534                                    |  |  |
| 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/anum (as per valid CCA)   |  |                        |                     |  |  |
| <b>Yellow</b> 0.4400   | Red 0.2000                                     | <b>Blue</b> 0.0800     | <b>White</b> 0.0300 |  |  |
| ii) Generation of BMW Quantity (kg/day)  |  |                        |                     |  |  |
| <b>Yellow</b> 21.6400  | <b>Red</b> 7.8000                              | <b>Blue</b> 1.9400     | <b>White</b> 0.2300 |  |  |
| iii) Quantity of waste generated and disposed in MT/annum (on monthly average basis)   |  |                        |                     |  |  |
| Yellow 21.6400         Red 7.8000         Blue         White 0.2300         General Solid Waste 12.0000  |  |                        |                     |  |  |
| 12) Details trainings conducted on BMW i) Number of trainings conducted on BMW Management. 15  |  |                        |                     |  |  |
| ii) Number of personnel trained 396  |  |                        |                     |  |  |
| iii) Number of personnel trained at the time of induction 60   |  |                        |                     |  |  |
| iv) number of personnel not undergone any training so far  |  |                        |                     |  |  |
| v) whether standard manual for training is available? Yes  |  |                        |                     |  |  |
| vi) any other information<br>NO  |  |                        |                     |  |  |
| 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.   |  |                        |                     |  |  |
| 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        |  |                        |                     |  |  |
|  | <b>Designation</b> Chief Adminstrative Officer | <b>Date</b> 2020-06-22 |                     |  |  |
|  |  |                        |                     |  |  |
|  |  |                        |                     |  |  |