









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						
Member of CBMWTF: Yes						
1) Particulars						
i) First Name Dr. Amrita	ii) Middle Name Suresh	iii) Last Name Vaidya				
iv) Designation Chief of Medical Services	(a) 1375417935	vi) PAN No AADCS99111				
vii) Address as per Aadhaar Card Livstonia, 2/19, Palm Groves, B T Kawade Road, Mundhawa, Pune - 411036	viii) Tel. No. 0206721050	ix) Fax No.				
x) e-mail amrita.vaidya@sahyadrihospitals.com	xi) URL of website					
2) Address for Correspondence		•				
i) Building Name/Building No./Survey Number Survey No. 163A/1A/26A, 5, 21,	ii) Street / Village Pune - Solapur Road,	iii) City / Taluka Hadapsar				
iv) District	v) Pin-Code Number 411028	vi) Near by Landmark Bhosale Garden				
3) Name of HCF Sahyadri Super Speciality Hospital Hadapsar						
4) Address of HCF						
i) Building Name/Building No./Survey Number Survey No. 163A/1A/26A, 5, 21,	ii) Street / Village Pune - Solapur Road,	iii) City / Taluka Hadapsar				
iv) District	v) Pin-Code Number 411028	vi) Near by Landmark Bhosale Garden				
vii) Latitude coordinate of HCF 18.51957	viii) Longitude coordinate of HCF 73.85535	ix) Ownership of HCF Private				
5) Status of Authorisation under the Bio-Me	dical Waste (Management and H	andling) Rules				
i)Authorization No. Format 1.0/BO/PSO/CC - 1806000422	ii)Authorization validity Date 2023-06-10					
6) Status of Consents under Water Act and Air Act Yes	i)Consent Number Format 1.0/BO/PSO/CC - 1806000422	ii)Consent validity Date 2023-06-10				
7) Type of Health Care Facility	i) No of Beds 138					

9) Registration Expiry Date 2020-03-31

10) Faculty of Medicine							
11) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of M/s. Passco Environmental Solution, PMC							
12) Details of BMW Generated i) Authorized BMW Quantity MT/anum (as per valid CCA)							
Yellow	Red	Red Blue			White		
ii) Generation of BMW Quantity (kg/day)							
Yellow	Red		Blue		White		
iii) BMW disposed at CBMWTSDF(kg/day)							
Yellow 491.4700 Red 394.9000 Blue 98.9700 White 18.1900 General Solid Waste 1800.0000							
iv) Quantity of waste generated and disposed in MT/annum (on monthly average basis)							
Yellow	Red		Blue		White		
13) Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period Yes							
14) Details trainings conducted on BMW i) Number of trainings conducted on BMW Management. 50							
ii) Number of personnel trained 546							
iii) Number of personnel trained at the time of induction 600							
iv) number of personnel not undergone any training so far							
v) whether standard manual for training is available? Yes							
vi) any other information No							
15) 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							
16) Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?							
17) Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? No							
Place Pune		Designation Chief of Medica	al Services	Date 2019-06-25			