

ESV MATERNITY HOSPITAL

Ph : 2358085

Chethilal Nagar, Murungapakkam, Puducherry - 605 004.

Dr. H. SARAVANA PRIYA, M.B.B.S., D.G.O.

Dr. H. சரவணபிரியா, M.B.B.S., D.G.O.,

Reg No. 59207

மகளிர் மற்றும் மகப்பேறு மருத்துவர்

Consulting Hours 12.00 am - 1.30 pm & 8.00 pm to 9.30 pm
உரிமை நேரம் : காலை 12.00 to 1.30 மணி - மாலை 8.00 to 9.30 மணி

Patient's Name : Mrs.

Age :

Date : 31/1/2020

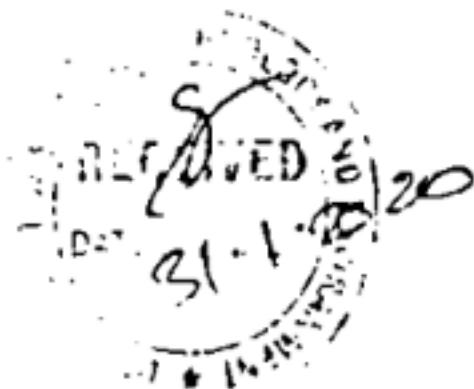
To

The member Secretary
Pollution Control Board
Puducherry

Respected Sir,

Herewith we submit the
annual report of BMW for the year
Jan 1st 2019 - Dec 31st 2019

Thanking you,



ESV MATERNITY HOSPITAL
CHETHILAL NAGAR
MURUNGAPAKKAM
PUDUCHERRY

Yours faithfully

[Signature]
31/1/2020

Dr. H. Saravana Priya
OBSTETRICIAN

சரவணபிரியா

Form - 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 authorised person (occupier or operator of facility)	Dr. H. SARAVANA PRIYA
	(ii) Name of HCF or CBMWTF	GSU MATERNITY HOSPITAL
	(iii) Address for Correspondence	CHETHILAL NALLAR PONDY-4 MURUVARPAKKADU
	(iv) Address of Facility	"
	(v) Tel. No, Fax. No	0413-2358085
	(vi) E-mail ID	saravana.hairababu@gmail.com
	(vii) URL of Website	
	(viii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	(State Government or Private or Semi Govt or any other) Private
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No.:valid up to March 31 2020
	(xi) Status of Consents under Water Act and Air Act	Valid up to:
2.	Type of Health Care Facility	
	(i) Bedded Hospital	No. of Beds: 9
	(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 of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	
	(ii) No of beds covered by CBMWTF	
	(iii) Installed treatment and disposal capacity of CBMWTF.	_____ Kg per day

(ii) Quantity of biomedical waste treated or disposed by HMTF	_____ Kg day
4. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category <u>220 kg/ann</u>
	Red Category <u>480 kg/2ann</u>
	White <u>12 kg/ann</u>
	Blue Category <u>43 kg/ann</u>
	General Solid waste

5. Details of the Storage, treatment, transportation, processing and Disposal Facility

(i) Details of the on-site storage facility	Size
	Capacity
	Provision of on-site storage (cold storage or any other provision)

(ii) Details of the treatment or disposal facilities	Type of treatment equipment	No of units	Capacity Kg day	Quantity treated or disposed in kg per annum
	Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits. Chemical disinfection. Any other treatment equipment			

(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum	Red Category (like plastic, glass etc.)
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(iv) No of vehicles used for collection and transportation of biomedical waste	
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(v) Details of incineration ash and FIP sludge generated and disposed	Quantity generated	Where disposed
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		Incineration Ash LTP Sludge
	During the treatment of wastes in kg per annum	
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	
	(vii) List of member HCF not handed over bio-medical waste	-
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	-
7	Details trainings conducted on RMW	
	(i) Number of trainings conducted on RMW Management.	
	(ii) number of personnel trained	3
	(iii) number of personnel trained at the time of induction	3
	(iv) number of personnel not undergone any training so far	-
	(v) whether standard manual for training is available?	
	(vi) any other information)	
8	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)	-
	(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?	-
	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?	-
11	Is the disinfection method or sterilization meeting the log 4	

standards? How many times you have not met the standards in a year?

Any other relevant information

(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from 1st Jan 2019 - till 31st 2019

Name and Signature of the Head of the Institution

Date: 3/1/2020
Place: Pondicherry

Dr. H. SARWANAPRIYA, MBBS DGO
OBSTETRICIAN AND GYNAECOLOGIST
REGD No 59207

SV MATERNITY HOSPITAL
CHETHILAL NAGAR
MURUNGAPAKKAN
PONDICHERY 605002