

# Dr L H Hiranandani Hospital

*Your Family Superspeciality Hospital*

ISO 9001:2015 CERTIFIED



Winner of IMC Ramkrishna Bajaj National Quality Award 2008 & 2015

NABH ACCREDITED HOSPITAL



APQO Global Performance Excellence Best In Class Award 2009 & 2016



Hiranandani  
Hospital

May 31, 2019

To,

The Member – Secretary

Maharashtra Pollution Control Board,

Kalpataru Point 3<sup>rd</sup> & 4<sup>th</sup> Floor,

Sion Matunga Scheme Road No.8,

Sion – Circle, Sion ( East ), Mumbai – 400 022

Dear Sir,

Sub : Submission of Annual Report for the year 2018.

You are requested to update the Quantity for authorization in the following waste categories as per the annexure I of the Annual report attached for the year 2018.

Kindly do the needful and oblige.

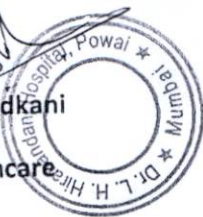
Thanking you,

Sincerely,

For Dr L H Hiranandani Hospital

Dr. Sameer Kodkani

AGM – Healthcare



MAHARASHTRA POLLUTION CONTROL BOARD  
Kalpataru Point, 3rd Floor, Sion Circle,  
Opp. Cine Planet Cinema, Sion (E),  
Mumbai - 400 022.  
Tel: 24010437 / 24020781

on line chkl

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## ANNEXURE - I

Monthly Break -up From January 2018 - December 2018

Sr.No.	Month	Red Bag	Yellow Bag	Blue Bag	Black Bag
1	JANUARY	3053	2430	377	0
2	FEBRUARY	3534	2826	407	0
3	MARCH	3180	2960	258	0
4	APRIL	2677	2457	458	0
5	MAY	5661	4408	499	0
6	JUNE	5530	4430	725	0
7	JULY	1915	1664	310	0
8	AUGUST	5170	4241	379	0
9	SEPTEMBER	4972	3087	421	0
10	OCTOMBER	4578	3709	483	0
11	NOVEMBER	4531	3298	394	0
12	DECEMBER	4805	2810	445	0
	Total	49606	38320	5101	0



# ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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. SUJIT CHATTERJEE
	(ii) Name of HCF or CBMWTF	:	DR L H HIRANANDANI HOSPITAL
	(iii) Address for Correspondence	:	Hill side Avenue, Hiranandani Gardens, Powai
	(iv) Address of Facility	:	Mumbai - 400076
	(v) Tel. No, Fax. No	:	022 - 25763311
	(vi) E-mail ID	:	Sujit.chatterjee@hiranandanihospital.org
	(vii) URL of Website	:	www.hiranandanihospital.org
	(viii) GPS coordinates of HCF or CBMWTF	:	NA
	(ix) Ownership of HCF or CBMWTF	:	(State Government or <u>Private</u> or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: UAN No. MPCB - CONSENT - 000055818 Application valid up to 31.12.2019
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: IN PROCESS
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:..... 244
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	461409940 - 31/03/2019
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day NIL
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day NIL
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 38320 kgs. Red Category : 49606 kgs. White: NIL Blue Category : 5101 kgs General Solid waste: NIL
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : NA Capacity : NA Provision of on-site storage : (cold storage or any other provision)

	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		NA	
			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.)			NA
	(iv) No of vehicles used for collection and transportation of biomedical waste	:				NA
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Quantity generated	Where disposed	
			Incineration Ash			NA
			ETP Sludge			
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:				NA
	(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		WE HAVE 'HOSPITAL INFECTION CONTROL COMMITTEE (HICC) AND BMW MANAGEMENT POLICY			
7	Details trainings conducted on BMW		YES.			
	(i) Number of trainings conducted on BMW Management.		TWICE A YEAR			
	(ii) number of personnel trained		594			
	(iii) number of personnel trained at the time of induction		ALL			
	(iv) number of personnel not undergone any training so far		NIL			
	(v) whether standard manual for training is available?		YES			
	(vi) any other information)		-			
8	Details of the accident occurred during the year		NIL			



	(i) Number of Accidents occurred		NIL
	(ii) Number of the persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NA
	(iv) Any Fatality occurred, details.		NIL
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		NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		NA
11	Is 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 Devices attached with the Incinerator)

Certified that the above report is for the period from

JANUARY 2018 TO DECEMBER 2018.

Date: 10/06/2019.

Place MUMBAI

Name and Signature of the Head of the Institution

