



MAX
Healthcare

June 17, 2025

BLK/SDOP/2025/JUN/04

To,
Delhi Pollution Control Committee
Dept. of Environment (Govt. of NCT of Delhi),
4th & 5th Floor, ISBT Building
Kashmere Gate,
Delhi-110 006.

Dear Sir,

Sub: Submission of Annual Bio-Medical Waste Report (Form-IV)

Please find enclosed the annual report (Form IV) for the period January 2024 to December 2024 of Bio-Medical Waste (including Covid Waste) maintained by the Healthcare establishment namely MAX Lab developed by Max Healthcare Institute Limited situated at 2/8, First, Second & Third Floor, East Patel Nagar, New Delhi- 110008.

Kindly acknowledge.

For Max Healthcare Institute Limited

Dr. Mradul Kaushik

Sr. Director Operations & Planning

Dr. Mradul Kaushik
Sr. Director Operations & Planning
Dr. B. L. Kapur Memorial Hospital
Pune Road, New Delhi- 110008

Encls:

- | | |
|------------|---|
| Annexure-1 | Form IV for annual report of Bio Medical Waste |
| Annexure-2 | Form 1 for Accident report |
| Annexure-3 | Copy of waste generated or disposed in kg. per annum (on Monthly average basis) |
| Annexure-4 | Copy of Minutes of meeting |

@ 19/06/25
(ENQUIRY COUNTER)
DELHI POLLUTION CONTROL COMMITTEE
DEPARTMENT OF ENVIRONMENT
GOVT. OF NCT OF DELHI
4TH FLOOR, ISBT BUILDING,
KASHMERE GATE, DELHI-110006

Max Healthcare Institute Limited

Corp Office: 2nd Floor, Capital Cyberscape,
Sector - 59, Golf Course Extension Road,
Gurugram - 122102, Haryana
T: +91-124-620 7777

www.maxhealthcare.in

Max Healthcare Institute Limited

Regd. Office: 401, 4th Floor, Man Excellenza, S. V. Road,
Vile Parle (West), Mumbai, Maharashtra - 400 056
T: +91-22 2610 0461/62

E: secretarial@maxhealthcare.com, investors@maxhealthcare.com

(CIN: L72200MH2001PLC322854)

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 2024 to December 2024 of the preceding year, by the Occupier of Health Care Facility (HCF) or Common Bio-Medical Waste Treatment Facility (CBWTF)

S.No	Particulars	:																																																					
1	Particulars of the Occupier	:																																																					
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr.Mradul Kaushik																																																				
	(ii) Name of the HCF or CBMWTF	:	Dr.B.L.Kapur Memorial Hospital (PATEL NAGAR LAB)																																																				
	(iii) Address For Correspondence	:	Pusa Road, New Delhi-110005																																																				
	(iv) Address of Facility	:	same as above																																																				
	(v) Tel.No, Fax.No	:	PH:-011-3065 3961, F- +91-011-2575 2885																																																				
	(vi) E-Mail ID	:	Info@blkhospital.com																																																				
	(vii) URL OF Website	:	http://www.blkhospital.com/about-us/Compliances																																																				
	(viii) GPS Coordinates of HCF OR CBMWTF	:	(State Government or private or semi Govt. or any other) society																																																				
	(ix) Ownership of the Health Care Facility	:	(State Government or private or semi Govt. or any other) society																																																				
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Refer point no 3. This authorisation shall be in force till the hospital is operational																																																				
	(xi) Status Of Consents Under Water Act and Air Act	:	DPCC/(11)(5)(01)/2024/BMW/NST/AUTH/64816172Y Application No: 10796234																																																				
2	Type of Health Care Facility	:																																																					
	(i) Bedded Hospital	:	Number of beds: N/A (Details and document submitted to DHS)																																																				
	(ii) Non Beded Hospital(Clinic/Blood bank or laboratory or Veterinary Hospital or any	:	Not Applicable																																																				
	(iii) License Number and its Date of Expiry	:	Applied Form																																																				
3	Details of CBMWTF	:																																																					
	(i) Number healthcare facilities coveredby CBMWTF	:	6182																																																				
	(ii) No. of beds covered by CBMWTF	:	32891																																																				
	(iii) Installed Treatment and disposable capacity of CBMWTF	:	28 ton per day																																																				
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	14.45 ton / day																																																				
4	Quantity of waste generated or disposed in Kg per annum (on Monthly average basis)	:	<table border="1"> <thead> <tr> <th>Category</th><th>BMW /Month</th><th>Covid</th></tr> </thead> <tbody> <tr> <td>Yellow Category</td><td>39.18</td><td>0.0</td></tr> <tr> <td>Red Category</td><td>114.64</td><td>0.0</td></tr> <tr> <td>White Category</td><td>5.63</td><td>0.0</td></tr> <tr> <td>Blue Category</td><td>60.96</td><td>0.0</td></tr> <tr> <td>Yellow Cytotoxic Waste</td><td>0.0</td><td>0.0</td></tr> </tbody> </table>	Category	BMW /Month	Covid	Yellow Category	39.18	0.0	Red Category	114.64	0.0	White Category	5.63	0.0	Blue Category	60.96	0.0	Yellow Cytotoxic Waste	0.0	0.0																																		
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5	Details of storage, treatment, transportation, processing and Disposal Facility	:																																																					
	(i) Details of the on-site storage facility	:	<table border="1"> <thead> <tr> <th>Size:</th><th>40.05 Square metre</th></tr> </thead> <tbody> <tr> <td>Provision of on-site storage : (Cold Storage or any other Provision) N/A</td><td>Dedicated Bio medical waste collection room N/A</td></tr> </tbody> </table>	Size:	40.05 Square metre	Provision of on-site storage : (Cold Storage or any other Provision) N/A	Dedicated Bio medical waste collection room N/A																																																
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	(ii) Disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment Equipements</th><th>No. of Units</th><th>Capacity kg/ day</th><th>Quantity Treated or Disposed in Kg Per Annum</th></tr> </thead> <tbody> <tr><td>Incinerators</td><td>N/A</td><td></td><td></td></tr> <tr><td>Plasma</td><td>N/A</td><td></td><td></td></tr> <tr><td>Pyrolysis</td><td>N/A</td><td></td><td></td></tr> <tr><td>Autoclaves</td><td>N/A</td><td>N/A</td><td>N/A</td></tr> <tr><td>Microwave</td><td>N/A</td><td></td><td></td></tr> <tr><td>Hydroclave</td><td>N/A</td><td></td><td></td></tr> <tr><td>Shredder</td><td>N/A</td><td></td><td></td></tr> <tr><td>Needle tip cutter or Destroyer</td><td>N/A</td><td></td><td></td></tr> <tr><td>Sharp encapsulation or Concrete Pit</td><td>N/A</td><td></td><td></td></tr> <tr><td>Deep burial pits:</td><td>N/A</td><td></td><td></td></tr> <tr><td>Chemical disinfection:</td><td>N/A</td><td></td><td></td></tr> <tr><td>Any other treatment equipment:</td><td>N/A</td><td></td><td></td></tr> </tbody> </table>	Type of treatment Equipements	No. of Units	Capacity kg/ day	Quantity Treated or Disposed in Kg Per Annum	Incinerators	N/A			Plasma	N/A			Pyrolysis	N/A			Autoclaves	N/A	N/A	N/A	Microwave	N/A			Hydroclave	N/A			Shredder	N/A			Needle tip cutter or Destroyer	N/A			Sharp encapsulation or Concrete Pit	N/A			Deep burial pits:	N/A			Chemical disinfection:	N/A			Any other treatment equipment:	N/A		
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	(iii) Quantity of recyclable wastes sold to authorized recycler after treatment in Kg per annum	:	Red Category (like plastic,glass etc.) Not Applicable (Disposed to BMW)																																																				
	(iv) No. of vehicles used for collection and transportation of Biomedical waste	:	05(CLOSE BODY VEHICLE AUTHORIZED FOR COLLECTION FROM BLK)																																																				
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	:	<table border="1"> <thead> <tr> <th></th><th>Quantity generated</th><th>where Disposed</th></tr> </thead> <tbody> <tr><td>Incineration</td><td>N/A</td><td></td></tr> <tr><td>Ash</td><td>N/A</td><td></td></tr> <tr><td>STP Sludge</td><td>N/A</td><td>IN BMW as per the guidelines 2016.</td></tr> </tbody> </table>		Quantity generated	where Disposed	Incineration	N/A		Ash	N/A		STP Sludge	N/A	IN BMW as per the guidelines 2016.																																								
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	(vi) Name of the Common Bio-medical Waste Treatment Facility Operator through which waste are disposed of	:	M/s SD Bio Medical Waste Management Vill Baland Rohtak																																																				
	(vii) List of member HCF not handed over bio medical waste	:	Not Applicable																																																				

6	Do you have BMW Management committee? If yes attach minutes of the meeting held during the reporting period	:	YES included in HICC
7	Details training conducted on BMW	:	SEGREGATION, DISPOSAL & TRANSPORTATION
	(i) Number of Trainings conducted on bio medical waste management	:	
	(ii) Numbers of personnel trained	:	
	(iii) Numbers of Personnel trained at the time of induction	:	
	(iv) Numbers of personnel not undergone any training so far	:	NIL
	(v) Whether standard manual for training is available?	:	YES
	(vi) Any other information	:	Not Applicable
8	Details of accidents occurred during the year	:	Discarding sharps
	(i) Numbers of accident occurred	:	
	(ii) Numbers of the person affected	:	None
	(iii) Remedial action taken(Pls. attached details if any)	:	Injection T.T after injury and Injection Hep B & ART started as per the standard protocol.
	(iv) Any Fatality occurred details	:	Nothing Occurred
9	Are you meeting the standards of air pollution from the incinerator? How Many times in last Year could not the standards?	:	Not Applicable
	Details of continuous online emission monitoring systems installed	:	Not Applicable
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	YES (meeting the standards)
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not the standards in a year?	:	YES (meeting the standards)
12	Any other relevant information	:	(Air pollution control devices attached with the incinerator) Not Applicable

Certified that the above report is the period from January 2024 to December 2024

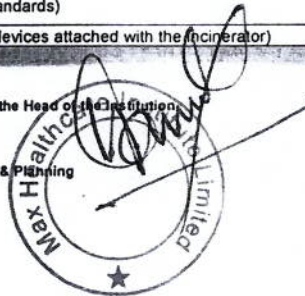
Date 17.06.2024

Place New Delhi

Name and Signature of the Head of the Institution

Dr.Mradul Kaushik

Sr. Director Operations & Planning



**PATEL NAGAR ANNUAL REPORT FOR GENERAL WASTE OF YEAR 2024
(JANUARY 2024 TO DECEMBER 2024)**

Sl.no	No. of Days	Month	General waste Kg.	General waste Kg./day
1	31	January	0	0.00
2	29	Febuary	0	0.00
3	31	March	0	0.00
4	30	April	0	0.00
5	31	May	0	0.00
6	30	June	0	0.00
7	31	July	0	0.00
8	31	August	0.0	0.00
9	30	September	1250.00	41.67
10	31	October	1210.00	39.03
11	30	November	966.00	32.20
12	31	December	1357.00	43.77
TOTAL	366		4783.0	
Average/month			683.29	

Month	No of Days	Yellow Waste		Yellow Waste (Covid)		Blue Puncture Proof Container		Blue puncture proof (Covid)		Red Waste		Red Waste (Covid)		White Puncture Proof Container		White Puncture Proof Container (Covid)		Yellow Cytotoxic Waste		Yellow Cytotoxic Waste (Covid)	
		No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight	No. of bag	Weight
January	31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
February	29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
March	31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
April	30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
May	31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
June	30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
July	31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
August	31	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
September	30	12	97.19	0	0	11	53.84	0	0	29	256.86	0	0	9	14.18	0	0	0	0	0	0
October	31	14	35.43	0	0	55	429.01	0	0	29	145.10	0	0	10	25.80	0	0	0	0.00	0	0
November	30	20	96.70	0	0.00	24	122.20	0	0	62	458.40	0	0	8	20.30	0	0	0	0	0	0
December	31	23	240.80	0	0	20	126.50	0	0	62	515.30	0	0	7	7.20	0	0	0	0	0	0
TOTAL	366	69	470.12	0	0	110	731.55	0	0	182	1375.66	0	0	34	67.58	0	0	0	0	0	0
Average		5.75	39.18	0	0.00	9.16667	60.96	0	0	15.1667	114.64	0	0.00	2.83333	5.63	0	0	0.00	0	0	0
Average/Day			1.28		0		2.00		0		3.76		0.00		0.18		0.00		0.00		0

Waste limit as approved
by OPCC: QUANTITY OF
BIO MEDICAL WASTE
HANDLED, TREATED AND
DISPOSED/ DAY= 40KG/
DAY

10KG/ DAY

10KG/DAY

15KG/ DAY

5KG/DAY

Please note :-

Applied Form

FORM I
[[See rules 4(o), 5(l) and 15(2)]]
ACCIDENT REPORTING

1	Date and time of accident	N/A
2	Type of Accident	N/A
3	Sequence of events leading to accident	N/A
4	Has the Authority been informed immediately	N/A
5	The type of waste involved in accident	N/A
6	Assessment of the effects of the accidents on human and health and the environment	N/A
7	Emergency measures taken	N/A
8	Steps taken to alleviate the effects accidents	N/A
9	Steps taken to prevent the recurrence of such an accident	N/A
10	Does your facility has an Emergency Control policy ? If yes, give details	N/A

Signature :

Name : Mr. Jitender Kumar Sharma

Designation : Head- Hospital Operations

Date:

18/6/25

Place New Delhi

A meeting of the Bio-Medical Waste Management Committee was held on 28th October, 2024 at 3:30 pm under the chairmanship of the undersigned for the half year ending. The following members were present:

S.No.	Attended by	Representatives	Attendance
1	Dr. Atish Sinha	Chairman	Attended
2	Mr. Jitender Sharma	Secretary	Attended
3	Dr. Tarun Thukral	Members	Not Attended
4	Ms. Rosamma Jose	Members	Not Attended
5	Dr. Rajan Madan	Members	Attended
6	Dr. Tripti Sharan	Members	Not Attended
7	Dr. Gurbachan Singh	Members	Attended
8	Ms. Lalita Rani	Members	Attended
9	Ms. Geeta Rawat	Members	Attended
10	Ms. Shifali Hans	Members	Attended
11	Mr. Joseph PT	Members	Attended
12	Ms. Anumol Joseph	Invited Member	Attended

Agenda of the Meeting :

Bio-Medical Waste Management Review Committee Half yearly meeting

Sl. No.	MOM of todays meeting	Discussion	Responsibility	Timeline	Status
1	Training of all staff and helpers	Training of all staff and helpers involved in handling Bio-Medical Waste has been carried out in a phased manner during the period under review. A record of details of personnel trained is being maintained.	HK & ICN	Ongoing process	Under monitoring
2	Training of new joiners	Training of new joiners to the Hospital was reviewed. Those whose training was due were identified and their names included in the training schedule.	HK Department	as and when	Under monitoring
3	Yearly health check up	Yearly health check up of all personnel handling Bio-Medical Waste was carried out and up to date records are maintained.	HK Department	Done	Closed

4	Audit	The audit(s) carried out to check the efficiency of Bio-Medical waste collection, transport, storage and disposal procedures in the Hospital were ratified and detailed procedure for the next audit was drawn up. The audit report of BMW disposal in was presented. (1) Apr-24 Compliance to Segregation was 92.5% ,Disposal was 92% ,storage was 95% and Transportation was 97%. (2) May-24 Compliance to Segregation was 95.3% ,storage was 95.4% and Transportation was 98% . (3) June-24 Compliance to Segregation was 95%,storage was 97% and Transportation was 98% . (4) July-24 . Compliance to Segregation was 96% ,storage was 98% and Transportation was 98.5% . (5) Aug-24 Compliance to Segregation was 97% ,storage was 98% and Transportation was 99% . (6) Sep-24 Compliance to Segregation was 98% ,storage was 98% and Transportation was 99% .	HK & ICN	Ongoing process	NA
5	Suggest/ views remedial measures	Members were requested to bring out any practical difficulties encountered in the training and allocation of manpower and disposal procedures of bio-medical waste and to <u>take/suggest remedial measures</u> .	NA	NA	NA
6	Use of PPE	It was reiterated that all personnel involved in handling Bio-Medical Waste should be instructed to exercise due care (strict use of PPE) in the discharge of their duties so that the chances of occurrence of any accident/spill is <u>minimized</u> .	HK Department	Ongoing process	Under monitoring
7	NSI Prevention	There is substantial decline in the NSI incidents in the last quarter (Jan-Mar 24). Awareness & educational training sessions are continuously provided to zero the NSI cases. .	HK & ICN	Ongoing process	Under monitoring
8	Updates on regulation	It was discussed on updates on any changes in bio medical waste management regulations.	HK & ICN	NA	NA
		On 28th October, 2024 It was decided that the BMW Autoclave BI register which was earlier signed by Microbiology Dept . shall now onwards be signed by MS/Add.MS (Medical Admin)	HK & Medical Admin	Ongoing process	Closed
9	Change of surface disinfectant	The organisation has discussed that Sodium hypochlorite is corrosive and causes rust in some of the beds and other furnitures.. The organisation has decided to use hydrogen peroxide solution as an alternative for Sodium hypochlorite. Hydrogen peroxide is a high level disinfectant and already used for fogging <u>purposes</u> .	HK & ICN	Done (April-24)	Closed
10	Compliances	All monthly & quarterly bio medical waste compliance of the existing quarters were closed <u>on time</u> .	Hk Department	30th October, 2024	Closed
12	Hand washing Practices	The importance of frequent hand-washing and observance of universal precautions was <u>highlighted & discussed</u> .	HK & ICN	Ongoing process	Under monitoring

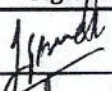
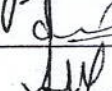
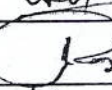
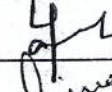
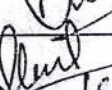
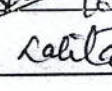
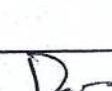
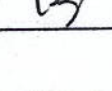
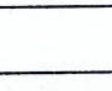
All functionaries were requested to perform duties with utmost care and for Bio-Medical waste

There being no further points, the meeting was declared closed.

Attendance Sheet

Topic **BMW COMMITTEE MEETING**
 Date **29th October, 2024, 3:30pm**
 Department

Subject **HALF YEARLY BMW COMMITTEE MEETING**
 Duration
 Trainer

S.No.	BLK-Max ID	Name	Designation	Department	Signature
1	M032197	Jitendra Kumar Sharma	Head ops	ops	
2	BLK15423	Dr. Atish Singh	Med. Supdr.	Med. Admin	
3	302105	Anmol Joseph	N.S.	Nursing	
4	B1K1224	Joseph P.T	A.G.M	Phy & S/Asst	
5	M027203	Geeta Rawat	Sr. Lab Technician	Hematology	
6	B1K3811	Dr. Gurbachan Singh	Med-ER	Emergency	
7	BLK16490	Shifali Hans	Sr. ICN	ICN	
8	BLK1642	Lalita Rani	Head incharge	Quality	
9	B1K1642	Dr. Rajendra Kumar	Senior Director	ICN	
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Total no. of participants
 Remarks (if any)

Trainer's Signature

A meeting of the Bio-Medical Waste Management Committee was held on 26th April, 2024 at 4.15 pm under the chairmanship of the undersigned for the half year ending. The following members were present:

S.No.	Attended by	Representatives	Attendance
1	Dr. Atish Sinha	Chairman	Attended
2	Mr. Gitesh Mongia	Secretary	Attended
3	Dr. Tarun Thukral	Members	Not Attended
4	Ms. Rosamma Jose	Members	Attended
5	Dr. Rajan Madan	Members	Not Attended
6	Dr. Tripti Sharan	Members	Not Attended
7	Dr. Gurbachan Singh	Members	Attended
8	Ms. Lalita Rani	Members	Attended
9	Ms. Geeta Rawat	Members	Not Attended
10	Ms. Meetu	Members	Not Attended
11	Mr. Jitender Sharma	Members	Attended
12	Mr. Joseph PT	Members	Not Attended
13	Ms. Sindhu	Members	Attended
14	Dr. Deepak Tanwar	Invited Member	Attended
15	Mr. Ramesh Kumar	Invited Member	Attended

Agenda of the Meeting :

Bio-Medical Waste Management Review Committee Half yearly meeting

Sl. No	MOM of todays meeting	Discussion	Responsibility	Timeline	Status
1	Training of all staff and helpers	Training of all staff and helpers involved in handling Bio-Medical Waste has been carried out in a phased manner during the period under review. A record of details of personnel trained is being maintained.	HK & ICN	Ongoing process	Under monitoring
2	Training of new joiners	Training of new joiners to the Hospital was reviewed. Those whose training was due were identified and their names included in the training schedule.	HK Department	as and when	Under monitoring
3	Yearly health check up	Yearly health check up of all personnel handling Bio-Medical Waste was carried out and up to date records are maintained.	HK Department	Done	Closed

4	Audit	The audit(s) carried out to check the efficiency of Bio-Medical waste collection, transport, storage and disposal procedures in the Hospital were ratified and detailed procedure for the next audit was drawn up. The audit report of BMW disposal in was presented. (1) Compliance to Segregation for the month of oct 23 was 90% , Disposal was 93% , storage was 92% and Transportation was 96% . (2) Compliance to Segregation for the month of nov 23 was 92% , Disposal was 89% , storage was 91% and Transportation was 97% . (3) Compliance to Segregation for the month of Dec 23 was 90% , Disposal was 92% , storage was 92% and Transportation was 96% . (4) Compliance to Segregation for the month of jan 24 was 91% , Disposal was 90% , storage was 97% and Transportation was 98% . (5) Compliance to Segregation for the month of feb 24 was 91% , Disposal was 90% , storage was 97% and Transportation was 98% . (6) Compliance to Segregation for the month of mar 24 was 92.5% , Disposal was 92% , storage was 95% and Transportation was 97% .	HK & ICN	Ongoing process	NA
5	Suggest/ views remedial measures	Members were requested to bring out any practical difficulties encountered in the training and allocation of manpower and disposal procedures of bio-medical waste and to take/suggest remedial measures.	NA	NA	NA
6	Use of PPE	It was reiterated that all personnel involved in handling Bio-Medical Waste should be instructed to exercise due care (strict use of PPE) in the discharge of their duties so that the chances of occurrence of any accident/spill is minimized.	HK Department	Ongoing process	Under monitoring
7	NSI Prevention	There is substantial decline in the NSI incidents in the last quarter (Jan-Mar 24). Awareness & educational training sessions are continuously provided to zero the NSI cases.	HK & ICN	Ongoing process	Under monitoring
8	Updates on regulation	It was discussed on updates on any changes in bio medical waste management regulations.	HK & ICN	NA	NA
9	Compliances	All monthly & quarterly bio medical waste compliance of the existing quarters were closed on time.	Hk Department	31st March, 2024	Closed
10	Hand washing Practices	The importance of frequent hand-washing and observance of universal precautions was highlighted & discussed.	HK & ICN	Ongoing process	Under monitoring

All functionaries were requested to perform duties with utmost care and for Bio-Medical waste. There being no further points, the meeting was declared closed.

Attendance Sheet

Topic: **BIO MEDICAL WASTE MGMT. HALF YEARLY COMMITTEE MEETING**
 Date: **26th April, 2024**
 Department: _____
 Duration: _____
 Trainer: _____

S.No.	BLK-Max ID	Name	Designation	Department	Signature
1	M032109	GITESH MONDIA	GM OPERATIONS	OPERATIONS	
2	M022084	Rasamma Jose	CNO	NURSING	
3	BLK1537	Sandhu S Pillai	Gr 1 CN	XRAY HALL	
4	BLK3812	Dr. Gurbachan Singh	Head ED	Emergency	
5	M032106	Ramendra Kumar	DGM	Eng & Maint	
6	BLK1642	Lakshmi 1642	ward incharge	Nursing wing	
7	BLK15423	Dr. Akshay Singh	Med. Supdt.	Med. Admin	
8	BLK1344	Dr. Deepak	Admin	Quality	
9	M032197	Shikha Kumar Sharma	DGM	ops	
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Total no. of participants _____
 Remarks (if any) _____

Trainer's Signature _____