



BLK-MAX

Super Speciality Hospital

July 2, 2026

BLK/MS/2026/JUL/19

To,
The Regional Officer,
Haryana State Pollution Control Board
SCO-A-6,7,8 Near Vishal Hotel
Sun City Sector-36
Rohtak.

Dear Sir,

Sub: Submission of Quarterly report for Bio-Medical Waste Management (BMW)

Please find enclosed the quarterly report of Bio-Medical Waste (including Covid Waste) maintained by the Healthcare establishment namely Medical Clinic, Rohtak, 1st Floor, Landmark Building Medical Mor, Rohtak, Haryana, (Run by Dr. B.L. Kapur Memorial Hospital, a unit of Lahore Society) for the month of April 2026 to June 2026.

Yours Sincerely,
For Dr. B.L. Kapur Memorial Hospital
(a Unit of Lahore Hospital Society)

Dr. Kapil Goyla
Medical Superintendent

Dr. Kapil Goyla
Medical Superintendent
Dr. B. L. Kapur Memorial Hospital
Pusa Road, New Delhi - 110005

Encls: As above

*Report submitted to HSPCB Rohtak through
Speed Post on ED304865399IN*

Dispatch date - 6/7/2026



S.No.	Particulars
	Name address of the Hospital
	BLK MAX OPD Clinic, Ground Floor, (Dispensary area) Community Facility Building, DLF Capital Greens, 15 Shivaji Marg, New Delhi-15. Part of Dr. B. L. Kapur Memorial Hospital Pusa Road, New Delhi 110005
	No. of authorized/sanctioned beds
	N/A
	Name of the occupier(MS/Director)
	Dr. Sanjay Mehta
	Phone No. Fax, E-mail
	011 30403040 & 30653961
	Whether authorization from Delhi Pollution control committee obtained?
	Yes
	If Yes, No. date of issue and validity
	Yes
	Whether in house treatment facility available?
	No
7.A	If Yes, write
	N/A
7.B	If No., how is the BMW treated?
	Outsourced-Biotic Waste Solution Pvt.Ltd.
7.C	Whether tie up with CBWTF Operator
	Yes - Biotic Waste Solution Pvt.Ltd.
	Whether Nodal Officer for BMW Management designated?
	Yes
8.A	If Yes please give name & phone No.
	Mr. Ravinder Singh, 01130653770
	Whether Biomedical Waste management Committee formed?
	Yes
9.A	If yes, give name of the members
	Members- 10 invited-02
	List of members is attached (Annexure-1)
9.B	Date of last meeting
	27.03.2026
	Whether color Coded segregation Containers available
	Yes
10.A	If Yes-what is color coding
	Yellow, Red, Blue Puncture proof Container, White Puncture Proof, Yellow Cytotoxic, Green (Bio-degradable
	Yes
11.A	Whether Color Coded Segregation Liners/Bags available
	Yes
	If Yes, what color?
	Yellow, Red, Blue Puncture proof Container, White Puncture Proof, Yellow Cytotoxic, Green (Bio-degradable
	Whether using Biohazard and Cytotoxic Symbols
	Yes
	Whether Packaging & labeling Practised
	Yes
	Whether Puncture proof sharps containers available?
	Yes
	Is there any provision internal storage?
	Yes
	Whether there are any use of wheel barrow/trolleys?
	Yes
	Is there any separate provision of washing facilities for containers
	Yes
17.A	If No, where these containers are washed?
	N/A
	Is there any centralized storage site?
	Yes
18.A	Is there any provision of lock and key for BMW
	Yes
	Whether needle destroyer available?
	No, since the needles are disposed in white Puncture Proof as per the BMW guidelines and are sent to Biotic
	Whether the hand hygiene is practiced in the hospital
	Yes
20.A	If Yes, how monitored
	Follow training calendar and Audit by Infection Control Nurse
	Is there any Spill Management Protocol
	Yes
	Is there any Provision for management of Mercury waste, Metals
	N/A - We are mercury free hospital
	Whether record are maintained properly?
	Yes
23.A	If Yes, whether verified by the Chairman/Nodal officer
	Yes
	Whether there is daily supervision?
	Yes
24.A	If Yes, Whether the records are maintained
	Yes
	Is there any provision of separates waste weighing machine
	Yes
25.A	If Yes, whether daily record of of weight maintained
	Yes
	Whether there is any injury register
	Yes
26.A	If Yes, Whether there is Needle Stick Injury protocol
	Yes
	Is there any separate Budget here for BMW?
	Yes
	Whether SOPs/ guidelines available
	Yes
	Is there any provision of Training/Retraining in BMW management
	Yes
29.A	If Yes, the. No of personnel trained during the quarter
	Doctors -140 Nursing-702 Technicians and Paramedics- 107 GDA & Housekeeping- 265
	Is there any IEC/Community awareness
	No
	Whether waste Audit carried out?
	Yes
31.A	If Yes, Whether the report submitted to the head of the institution
	Yes
	Whether monthly report submitted to DHS
	N/A
	Whether Quarterly Report submitted to DHS
	Yes
	Whether Annual Monthly Report submitted to DPCC
	Yes
	Whether regular inspection carried out
	Yes
	Whether consent obtained under Air and Water Act
	Yes
	Whether Acoustic enclosures for generator sets present
	Yes
	Whether Sewage treatment plant (STP) installed in the Hospital
	Yes
	If yes, attach copy of laboratory report authorized by DPCC
	Yes
	Whether personal protective Equipment (PPE) used BMW staff
	Yes
	Whether the staff posted at BMW is medically examined
	Yes
41.A	If, Yes, how frequently
	Once a year
41.B	Whether immunized against Tetanus and Hepatitis B
	Yes

	Apr-26		May-26		Jun-26	
	Non covid	Covid	Non covid	Covid	Non covid	Covid
Quantum of waste generated						
Incinerable						
Autoclavable/Microwavable	0	0	0	0	0	0.00
Blue Puncture proof boxes for glasses	0	0	0	0	0	0
White puncture proof for Sharps	0	0	0	0	0	0.00
Cytotoxic waste for incineration	0	0	0	0	0	0
Total	0	0	0	0	0	0
TOTAL NON COVID + COVID	0		0		0	

Signature of Nodal Officer

Signature of Medical Superintendent

Minutes of Infection Control meeting 23/04/2026

Minutes of Infection Control meeting 23/04/2026					
S.No.	Topic	Attended by	Attendance		
1	Dr. Ak Singhal	Chairperson	Attended		
2	Dr. Purabi Barman	Secretary	Attended		
3	Dr. Rajesh Pande	Member	Attended		
4	Dr. Ramji Mahotra	Member	Not Attended		
5	Dr. Jasjit Bhasin/ Dr Rachna	Member	Attended		
6	Dr Chandragouda	Member	Not Attended		
7	Dr U Valecha	Member	Attended		
8	Dr Kapil Goyal	Member	Attended		
9	Dr Sanjeev	Member	Attended		
10	Mr Ravinder	Member	Attended		
11	Dr Rajesh Jain	Member	Attended		
12	Dr Ankur	Member	Not Attended		
13	Dr Tanu	Invited member	Attended		
14	Dr.Gurbachan Singh	Member	Not Attended		
15	Dr Deepak	Member	Attended		
16	Sis Rosamma/ Sis Anamol	Member	Attended		
17	Mr Jitendra Sharma	Member	Not Attended		
18	Mr Ramesh / Mr Siby	Member	Attended		
19	Mr Durga Prasad	Member	Attended		
20	Mr Vivek Tripathi	Member	Attended		
21	Ms. Shifali - ICN	Member	Attended		
22	Ms. Himanshi - ICN	Member	Attended		
23	Ms. Akshita - ICN	Member	Not Attended		
24	Ms. Nutan -ICN	Member	Attended		
25	Ms. Monika - ICN	Member	Attended		
A	Agenda for meeting				
1	HAI and other HIC indicators- Mar 2026				
2	Review of previous MOM				
B	MOM of previous meeting				
		Discussion	Decision	Responsibility	Timeline
1	HBV antibody titre	Antibody titre after three doses of vaccination is presently not been done whereas the organisational policy asks for it.	Human Resource to implement the same for all staff	HR/ ICT	30/09/2025
					A meeting was held with HR on 22.09.2025. It was decided that after completion of the third dose, HR will contact staff for Anti HBs titre check. If titre is less than 10 m IU/ml, then he will be referred to ICN for further needful. However the same has not been implemented by HR. Dr Deepak will follow up with HR. Open
2	Environmental disinfection	Gaps in environmental disinfection have been observed during routine rounds.	The matter was raised with grave concern and Housekeeping Head has been informed of all discrepancies in environmental disinfection. The issue was also highlighted to Dr Kapil. Dr Kapil has acknowledged the problem and will facilitate to resolve the issues.	Mr Durga / Dr Kapil/ ICT	Immediate
					The gaps in Cleaning and disinfection across the hospital has been closed. It is under monitoring. Closed.
3	CSSD	Mr Mari informed that many a times temperature and humidity is not maintained as per standard requirements in the CSSD.	Engineering department to resolve the problem at the earliest as possible.	Mr Ramesh, Mr Siby	30/9/2025
					Work has been done. Closed.
Discussion of Present meeting					
1	HAI	Healthcare associated Infection data of March 2026 was presented. The HAI rates for VAE is 2.62 per 1000 ventilator days. There were two cases of VAC and one PCD VAE. CLABSI 1.03 per 1000 central line days, CAUTI 1.24 per 1000 Foley catheter days, SSI rate is 0.28%.	Though VAE rates were high, however there was only one case with Bacterial growth, p VAP. Emphasizing training on Care bundles for all Healthcare Professionals.	ICT	NA
					Under monitoring
2	Needle stick Injury	NSI data of March 2026 was presented. Incidence of NSI were 0.75 per 1000 patient days.	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA
					Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for March 2026 was presented. Compliance to Segregation was 97.1%, Storage was 98% and Transportation was 97.2%.	NA	ICT	NA
					Under monitoring
4	Hand hygiene	Hand hygiene data for the month of March 2026 was presented. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA
					Under monitoring
5	Annual budget	Dr Purabi raised that the Annual budget for - 2026-27 needs to be approved.	Dr Deepak along with the ICT will prepare the budget	ICT/ Dr Deepak/ Dr Kapil	31.05.2026
					Open
6	Mock drill for communicable diseases	Mock drill to learn the preparedness for handling communicable diseases needs to be conducted annually	Quality department with conduct the drill along with ICT	Dr Deepak/ ICT	31.5.2026
					Open

Minutes of Infection Control meeting 24/06/2026

S.No.	Attended by					
S.No.	Attended by					
1	Dr. Rk Singhal	Chairperson	NotAttended			
2	Dr. Purabi Barman	Secretary	Attended			
3	Dr. Rajesh Pande	Member	NotAttended			
4	Dr.Ramji Mehrotra	Member	Not Attended			
5	Dr Jasjit Bhasin/ Dr Rachna	Member	Attended			
6	Dr Chandragouda	Member	Not Attended			
7	Dr U Valecha	Member	Not Attended			
8	Dr Kapil Goyal	Member	Attended			
9	Dr Pradyut Bag	Member	Attended			
10	Mr Ravinder	Member	Attended			
11	Dr Rajesh Jain	Member	Not Attended			
12	Dr Ankur	Member	Not Attended			
13	Dr Tarun Thukral	Invited member	Attended			
14	Dr.Gurbachan Singh	Member	Attended			
15	Dr Divya Dabal	Member	Not Attended			
16	Dr Deepak	Member	Attended			
17	Sis Rosamma/ Sis Anumol	Member	Attended			
18	Mr Ramesh / Mr Siby	Member	Attended			
19	Mr Durga Prasad	Member	Attended			
20	Mr Vivek Trikha	Member	Attended			
21	Ms. Shifali - ICN	Member	Attended			
22	Ms. Himanshi - ICN	Member	Attended			
23	Ms. Nutan -ICN	Member	Not Attended			
24	Ms. Monika - ICN	Member	Attended			
25	Ms Rachel	Member	Attended			
A	Agenda for meeting					
1	HAI and other HIC Indicators- May 2026					
2	Review of previous MOM					
3	NABH observations					
B	MOM of previous meeting					
		Discussion	Decision	Responsibility	Timeline	Status
1	HBV antibody titre	Antibody titre after three doses of vaccination is presently not been done whereas the organisational policy asks for it.	Human Resource to implement the same for all staff	HR/ ICT	30/09/2025	It was Informed by Dr Kapil and C that Anti Hbs Antibody titre shall be by HR from April 2026 as the same approved. Closed
Discussion of Present meeting						
1	HAI	Healthcare associated Infection data of April 2026 was presented.The HAI rates for VAE is 3.21 per 1000 ventilator days. There was two cases of pVAP . CLABSI 2.61 per 1000 central line days, CAUTI 1.93 per 1000 foleys catheter days, SSI rate is 0.30%. NSI data of April 2026 was presented. Incidence of NSI were 0.46 per 1000 patient days.	VAE and CLABSI rates were high, To emphasize/focus training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick Injury		Enhancing staff Trainig & Awarness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for April 2026 was presented. Compliance to Segregation was 99%, Storage was 98% and Transportation was 98%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of April 2026 was presented. The compliance is 84.4% with an upward trend. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring
5	NABH observations	Dr Purabi discussed the findings during the NABH audit between 12-14th June.	The observation was - Transmisison Based Precuations for infectious diseases are not properly monitored. Closure : The type of ISOLATION PRECUATIONS will be specified as per clinical requirement and a single patient will be accessed tilll discharge.	ICT	NA	Closed

Minutes of Infection Control meeting 28/05/2026

Minutes of Infection Control meeting 28/05/2026						
S.No.	Attended by	Chairperson	Secretary	Members	Not Attended	
S.No.	Attended by	Chairperson	Secretary	Members	Not Attended	
1	Dr. Rk Singhal	Chairperson			Not Attended	
2	Dr. Purabi Berman	Secretary			Attended	
3	Dr. Rajesh Pande	Member			Attended	
4	Dr.Ramji Mehrotra	Member			Not Attended	
5	Dr Jasjit Bhasin/ Dr Rachna	Member			Not Attended	
6	Dr Chandragouda	Member			Not Attended	
7	Dr U Valecha	Member			Attended	
8	Dr Kapil Goyal	Member			Attended	
9	Dr Sanjeev	Member			Attended	
10	Mr Ravinder	Member			Attended	
11	Dr Rajesh Jain	Member			Not Attended	
12	Dr Ankur	Member			Not Attended	
13	Dr Shimpi	Invited member			Attended	
14	Dr.Gurbachan Singh	Member			Not Attended	
15	Dr Deepak	Member			Attended	
16	Sis Rosamma/ Sis Anumol	Member			Attended	
17	Mr Ramesh / Mr Siby	Member			Attended	
18	Mr Durga Prasad	Member			Attended	
19	Mr Vivek Tripathi	Member			Attended	
20	Ms. Shilpi - ICN	Member			Attended	
21	Ms. Himanshi - ICN	Member			Attended	
22	Ms. Nutan -ICN	Member			Attended	
23	Ms. Monika - ICN	Member			Attended	
Since due to some unavoidable circumstances, Dr RK Singhal could not attend the meeting. Dr Rajesh Pande chaired the meeting.						
A	Agenda for meeting					
	1 HAI and other HIC Indicators- Apr 2026					
	2 Review of previous MOM					
B	MOM of previous meeting					
		Discussion	Decision	Responsibility	Timeline	Status
1	HBV antibody titre	Antibody titre after three doses of vaccination is presently not been done whereas the organisational policy asks for it.	Human Resource to implement the same for all staff	HR/ ICT	30/09/2025	A meeting was held with HR on 22.09.2025. It was decided that after completion of 1st dose, HR will contact staff for Anti HB check. If titre is less than 10 m IU/mL, it will be referred to ICN for further action. However the same has not been implemented by HR. Dr. Deepak will follow up with HR.
2	Annual budget	Dr Purabi raised that the Annual budget for 2026-27 needs to be approved.	Dr Deepak along with the ICT will prepare the budget	ICT/ Dr Deepak/ Dr Kapil	31.05.2026	Annual budget has been prepared.
3	Mock drill for communicable diseases	Mock drill to learn the preparedness for handling communicable diseases needs to be conducted annually	Dr Purabi also informed that a meeting with regards to patient management for Ebola in the hospital was held on 25.05.2026. Mock drill for Communicable diseases, with focus on Ebola was conducted on 28.05.2026.	Dr Deepak/ ICT	31.5.2026	Closed.
Discussion of Present meeting						
1	HAI	Healthcare associated infection data of April 2026 was presented. The HAI rates for VAE is 1.41 per 1000 ventilator days. There were two cases of pVAP. CLABSI 1.76 per 1000 central line days. CAUTI 1.47 per 1000 foleys catheter days. SSI rate is 0.44%.	Though VAE rates were high, however there was only one case with Bacterial growth, p VAP. Emphasizing training on Care bundles for all Healthcare Professionals.	ICT	NA	Under monitoring
2	Needle stick injury	NSI data of April 2026 was presented. Incidence of NSI were 0.85 per 1000 patient days.	Enhancing staff Training & Awareness on safe needle handling.	ICT	NA	Under monitoring
3	Biomedical waste disposal	The audit report of BMW disposal for April 2026 was presented. Compliance to Segregation was 98%, Storage was 98% and Transportation was 98%.	NA	ICT	NA	Under monitoring
4	Hand hygiene	Hand hygiene data for the month of April 2026 was presented. The compliance is 84.1% with an upward trend. Hand hygiene compliance under monitoring across the hospital.	The HICC members emphasised the focus on continued training.	ICT	NA	Under monitoring