

HOSPITAL

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)]

S No.	Particulars																																													
1.	Particulars of the Occupier																																													
	(i) Name of the authorised person (occupier or operator of facility)	Dr Suhas Pranami																																												
	(ii) Name of HCF or CBMWTF	Max Hospital (a unit Of ALPS Hospital Ltd.)																																												
	(iii) Address for Correspondence	Block-B, Sushant Lok Phase-1																																												
	(iv) Address of Facility	Block-B, Sushant Lok Phase-1, Gurgaon																																												
	(v) Tel. No, Fax. No	0124-6625000																																												
	(vi) E-mail ID	ramachandran@maxhealthcare.com																																												
	(vii) URL of Website	www.maxhealthcare.com																																												
	(viii) GPS coordinates of HCF or CBMWTF	28.4614 N, 77.0746 E																																												
	(ix) Ownership of HCF or CBMWTF	Private Hospital																																												
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No. BMW24GUNO76719597																																												
	• Status of Consents under Water Act and Air Act	Valid up to- 15/10/2024 Valid up to-30/9/2027																																												
2.	Type of Health Care Facility																																													
	(i) Bedded Hospital	No. of Beds: 104																																												
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	0																																												
	(iii) License number and its date of expiry	0608601812 05/05/2026																																												
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																																													
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	___ Kg/day																																												
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category :1813 Kgs. Red Category: 2492 Kgs. White: 102 Kgs. Blue Category: 300 Kgs General Solid waste: 3343 Kgs																																												
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																													
	(i) Details of the on-site storage facility	Size : 10*10 Capacity :250kgs Provision of on-site storage : (cold storage or any other provision)AC installed in the BMW storage room																																												
	(ii) Details of the treatment or disposal facilities	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th><th>No of units</th><th>Capacity Kg</th><th>Quantity treated or disposed in kg per annum</th></tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td></td><td></td></tr> <tr><td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr> <tr><td>Autoclaves</td><td>NA</td><td>N/A</td><td>N/A</td></tr> <tr><td>Microwave</td><td></td><td></td><td></td></tr> <tr><td>Hydroclave</td><td></td><td></td><td></td></tr> <tr><td>Shredder</td><td></td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td></td><td></td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td></td><td></td><td></td></tr> <tr><td>Deep burial pits: Chemical disinfection</td><td></td><td></td><td></td></tr> <tr><td>Any other treatment equipment</td><td></td><td></td><td></td></tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves	NA	N/A	N/A	Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits: Chemical disinfection				Any other treatment equipment			
Type of treatment equipment	No of units	Capacity Kg	Quantity treated or disposed in kg per annum																																											
Incinerators																																														
Plasma Pyrolysis																																														
Autoclaves	NA	N/A	N/A																																											
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 authorize recyclers after treatment in kg per annum.	:													
(iv) No of vehicles used for collection and transportation of biomedical waste	:	One												
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes 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>NA</td> <td></td> </tr> <tr> <td>Ash</td> <td>NA</td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td>12 Kgs</td> <td>Through authorized channel</td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration	NA		Ash	NA		ETP Sludge	12 Kgs	Through authorized channel
	Quantity generated	Where disposed												
Incineration	NA													
Ash	NA													
ETP Sludge	12 Kgs	Through authorized channel												
(vi) Name of the Common Biomedical Waste Treatment Facility Operator through which wastes are disposed of	:	BIOTIC WASTE LIMITED												
(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	:	Yes, we have Infection control Committee, minutes enclosed												
7. Details trainings conducted on BMW	:													
(i) Number of trainings conducted on BMW Management.	:	50												
(ii) Number of personnel trained	:	100												
(iii) Number of personnel trained at the time of induction	:	340												
(iv) Number of personnel not undergone any training so far	:	Nil												
(v) Whether standard manual for training is available?	:	Yes												
(vi) Any other information	:	Nil												
8. Details of the accident occurred during the year	:													
(i) Number of Accidents occurred	:	0												
(ii) Number of the persons affected	:	0												
(iii) Remedial Action taken (Please attach details if any)	:	0												
(iv) Any Fatality occurred, details.	:	0												
9. Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	NA												
10. Details of Continuous online emission monitoring systems installed	:	NA												
11. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	Liquid waste generated is being treated in ETP and all parameters are within limit												
12. Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	Yes, Nil												
13. Any other relevant information.	:	NIL												

Certified that the above report is for the period from 01.01.2024- 31.12.2024

Date:24-07-2025
Place: Gurugram

Name and Signature of the Head of the Institution

Dr. Suhas Parnami
Vice President & Unit Head

Max Hospital, Gurugram
Block-B, Sushant Lok-1, Gurugram-122 001

FORM - I

[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

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

Date: 24-07-2025

Place: Gurugram

Signature

Designation

Healy
Infection control officer