

Fortis Hospitals Limited

154/9, Bannerghatta Road, Opp. IIM-B, Bangalore - 560 076 Tel.: +91-80-6621 4444, 2254 4444

Fax: +91-80-6621 4242. care.bng@fortishealthcare.com www.fortishealthcare.com CIN No. U93000DL2009PLC222166

To,

Date: 29th June 2018

The Environmental Officer, Bommanahalli

Karnataka State Pollution control Board Nisarga Bhavan, 2nd Floor, Thimmaiah road, 7th D Cross, Shivanagar, opp, Pushpanjali Theatre, Shivanagar, Bangalore-560010

Sir,

Sub: Submission of BMW Annual return vide Form - 4 from January 2017- December 2017

With reference to the above subject, please find enclosed the BMW Annual return in Form 4 for the period from January 2017 – December 2017.

Kindly acknowledge of the above and oblige.

Thanking you,

Yours truly

For M/s. Fortis Hospital Limited

Authorized Signatory







Form – IV (See rule13) 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)]

S1.			
No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or : operator of facility)	:	Dr. Manish Mattoo
	(ii) Name of HCF or CBMWTF	:	Eco Maridi Industries
	(iii) Address for Correspondence	:	
	(iv) Address of Facility		Fortis Hospitals Limited 154/9, Bannerghattha road, Opp-IIM,Bangalore-76
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	ganesh.hegde@fortishealthcare.com
	(vii) URL of Website		www.fortishealthcare.com
	(viii) GPS coordinates of HCF or CBMWTF		Eco Maridi industries
	(ix) Ownership of HCF or CBMWTF		Private Limited
	(x). Status of Authorisation under the Bio-Medical	:	Authorization No.:KSPCB/BMW/HCE/2015- No. 16, 93936 VALID TILL:- 30.06.2018

	Waste (Management and Handling) Rules		
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto:14.11.2021
	Type of Health Care Facility	:	Multispecialty Hospital
2.	(i) Bedded Hospital	:	No. of Beds- 276
	(ii) Non-bedded hospital	:	
	Laborator (Clinic or Blood Bank or Clinically or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		
3.	Details of CBMWTF		NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA
4.		:	Yellow Category - 71202

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	Quantity of waste generated disposed in Kg per annum (Red Category: 82	378
	monthly average basis)			White:	5051(sharp can)
				Blue Category:	17315
				General Solid wast	e: -
5	Details of the Storage, treatment, transport			sportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility		Size :		
	storage facility	:	Capacity:		

Incinerators: NA Plasma Pyrolysis: NA Auto claves: I No Microwave: NA Hydroclave: NA Shredder: NA Needle tip cutter or destroyer: NA Sharps encapsulation or concrete pit: NA Deep burial pits: NA Any other treatment equipment: NA NA NA		
Plasma Pyrolysis: Auto claves: I No Microwave: NA Hydroclave: NA Shredder: NA Needle tip cutter or destroyer: NA Sharps encapsulation or concrete pit: NA Deep burial pits: NA Chemical disinfection: NA	Capac	ity of each unit
Plasma Pyrolysis: Auto claves: I No Microwave: NA Hydroclave: NA Shredder: NA Needle tip cutter or destroyer: NA Sharps encapsulation or concrete pit: NA Deep burial pits: NA Chemical disinfection: NA		
Auto claves: Microwave: NA Hydroclave: NA Shredder: NA Needle tip cutter or destroyer: NA Sharps encapsulation or concrete pit: NA Deep burial pits: NA Chemical disinfection: NA	Incinerators:	NA
Microwave: NA Hydroclave: NA Shredder: NA Needle tip cutter or destroyer: NA Sharps encapsulation or concrete pit: NA Deep burial pits: NA Chemical disinfection: NA	Plasma Pyrolysis:	NA
Hydroclave: NA Shredder: NA Needle tip cutter or destroyer: NA Sharps encapsulation or concrete pit: NA Deep burial pits: NA Chemical disinfection: NA	Auto claves:	1 No
Shredder: NA Needle tip cutter or destroyer: NA Sharps encapsulation or concrete pit: NA Deep burial pits: NA Chemical disinfection: NA	Microwave:	NA
Needle tip cutter or destroyer: Sharps encapsulation or concrete pit: NA Deep burial pits: NA Chemical disinfection: NA	Hydroclave:	NA
Sharps encapsulation or concrete pit: NA Deep burial pits: NA Chemical disinfection: NA	Shredder:	NA
Deep burial pits: Chemical disinfection: NA NA	Needle tip cutter or destroyer:	NA
Chemical disinfection: NA	Sharps encapsulation or concrete pit:	NA
	Deep burial pits:	NA
Any other treatment equipment: NA	Chemical disinfection:	NA
ing one treatment equipment.	Any other treatment equipment:	NA
		Incinerators: Plasma Pyrolysis: Auto claves: Microwave: Hydroclave: Shredder: Needle tip cutter or destroyer: Sharps encapsulation or concrete pit: Deep burial pits:

(iii)Quantity of recyclable wastes sold to authorized recyclers aftertreatment in kg per annum.	:	NA
(iv) No of vehicles used for collection and transportation of biomedical waste	:	One vehicle
(v) Details of incineration ash and		Quantity Where
ETP sludge generated and disposed		generated disposed
during the treatment of wastes in Kg		Incineration NA
per annum		Ash ETP Sludge
(vi)Name of the Common Bio-: Medical Waste Treatment Facility Operator through which wastes are disposed of		Eco Maridi Industries Sy. No 1/37 & 1/38, Gabbadivillage, Kanakapura Main Road ,Ramanagar
(vii)List of member HCF not handed over bio- medical waste.		
Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes
Details trainings conducted on BMW		
(i) Number of trainings conducted on BMW Management.	8	Monthly one's BMW training

(ii) number of personnel trained	Total – 150 Approx
(iii) number of personnel trained atthe time of induction	New joins also trained
(iv) number of personnel notundergone any training so far	

	(v) whether standard manual fortraining is available?	Yes
	(vi) any other information)	
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	00
	(ii) Number of the persons affected	00
	(iii) Remedial Action taken (Pleaseattach details if any)	
	(iv) Any Fatality occurred, details.	
9.	Are you meeting the standards of airPollution from the incinerator? Howmany times in last year could not metthe standards?	
	Details of Continuous online emissionmonitoring systems installed	
10	Liquid waste generated and treatment methods in place. How many timesyou have not met the standards in ayear?	
11	Is the disinfection method orsterilization meeting the log 4standards? How many times you havenot met the standards in a year?	

12	Any other relevant information	:	(Air Pollution Control Devices attached with the
			Incinerator)

Certified that the above i	eport is for the peri	od from January	2017 – December -	2017

Date: 29/6/18
Place Dong a lore.

Name and Signature of the Head of the Institution

Zonal Director

Fortis Hospitals Limited

154/9, Opp IIM-B

Bannerghatta Road, Bangalore - 560 076

Form I

ACCIDENT REPORTING

- 1. Date and time of accident: Na
- 2. Type of accident Nil
- 3. Sequence of events leading to accident:- Na
- 4. Has the authority been informed immediately: -Na
- 5. The type of waste involved in accident: -Na
- 6. Assessment of the effects of the accidents on human health and the environment: Na
- 7. Emergency measures taken:-Na
- 8. Steps taken to alleviate the effects of accidents:- Na
- 9. Steps taken to prevent the recurrence of such an accidents: -Na

We did not had any major accident for the period Jan-2017 to Dec -2017

Place:-Bangalore

Signature: Dr. Wanish Matted
Zonal Director
Zonal D