

Annual Returns form for Health Care Facilities / Common Bio-medical Waste Treatment and Disposal Facility (CBWTF)

PCB ID : 109892

Health Care Facility / CBWTF Name : Lanxess India Pvt.Ltd. Birlagram,Nagda

1	Year	2020
2	Type of Health Care Facility	Clinic / Dispensary
3	Number of Beds	2
4	License Number and Date of Expiry of License	WB62447 31/08/202
5	Do you have Captive Treatment Facility ?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Quantity of Waste Generated or Disposed in Kg per annum (on monthly average basis)

6	Yellow Category	3.162
7	Red Category	0.244
8	White Category	0
9	Blue Category	0
10	General Solid Waste	0

Details of the Storage, Treatment, Transportation, Processing and Disposal Facility

11	Details of the on-site storage facility	Colour coded containers
12	Treatment Facility	NEE
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment (in kg / Year)	0
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	0
15	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of waste (in Kg / Year)	0
16	Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Hoswin Incinerator Pvt. ltd
17	Do you have bio-medical waste management committee ? If yes, minutes of the meetings held during the reporting period	<input type="radio"/> Yes <input checked="" type="radio"/> No

Details of Trainings conducted on Bio Medical Waste Management

18	Number of Trainings conducted on BMW Management	<input type="text" value="1"/>
19	Number of Personnel Trained	<input type="text" value="4"/>
20	Number of Personnel Trained at the time of Induction	<input type="text"/>
21	Number of Personnel not undergone any Training so far	<input type="text"/>
22	Whether standard manual for Training is available ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
23	Any other information	<input type="text" value="--"/>

Details of the accident occurred during the year

24	Number of Accident occurred	<input type="text" value="0"/>
25	Number of the persons affected	<input type="text" value="0"/>
26	Remedial Action taken (details if any)	<input type="text" value="--"/>
27	Any Fatality Occurred , details	<input type="text" value="No"/>
28	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value="NA"/>
29	Details of Continuous Online Emission Monitoring systems installed	<input type="text" value="NA"/>
30	Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year	<input type="text" value="0"/>
31	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="text" value="NA"/>
32	Any other relevant information	<input type="text" value="--"/>

Update