

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	<input type="text" value="2019"/>
2	Type of Health Care Facility	<input type="text" value="Clinic / Dispensary"/>
3	Number of Beds	<input type="text" value="2"/>
4	License Number and Date of Expiry of License	<input type="text" value="WB62447"/> <input type="text" value="31/08/2"/>
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	<input type="text" value="5.750"/>
7	Red Category	<input type="text" value="3.350"/>
8	White Category	<input type="text" value="2.300"/>
9	Blue Category	<input type="text" value="0"/>
10	General Solid Waste	<input type="text" value="0"/>
Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
11	Details of the on-site storage facility	<input type="text" value="Colour coded containers."/>
12	Treatment Facility	<input type="text" value="NEE,NCS"/>
13	Quantity of Recyclable Waste sold to Authorized Recyclers after Treatment (in kg / Year)	<input type="text" value="0.0"/>
14	Number of Vehicles used for Collection and Transportation of Biomedical Waste	<input type="text" value="0"/>
15	Details of Incineration Ash and ETP Sludge generated and disposed during the Treatment of	<input type="text" value="0"/>

	waste (in Kg / Year)	
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	1
19	Number of Personnel Trained	3
20	Number of Personnel Trained at the time of Induction	
21	Number of Personnel not undergone any Training so far	0
22	Whether standard manual for Training is available ?	<input type="radio"/> Yes <input checked="" type="radio"/> No
23	Any other information	--
Details of the accident occurred during the year		
24	Number of Accident occurred	0
25	Number of the persons affected	0
26	Remedial Action taken (details if any)	-
27	Any Fatality Occurred , details	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 NA
29	Details of Continuous Online Emission Monitoring systems installed	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="--"/>
<input type="button" value="Update"/>		