

To:

Date: 29-06-2020

The Environmental Officer - City ~~West~~ SOUTH
Karnataka State Pollution control Board
Nisarga Bhavan, 1st Floor, Thimmaiah road,
7th D Cross, shivanagar, opp, Pushpanjali Theatre,
Shivanagar, Bangalore-560010

Sir,

*Sub: Submission of BMW Annual returns Statement vide Form -IV for the
Year 2019*

With reference to the above subject, please find enclosed copy of the BMW Annual returns Statement furnished for the year 2019 as per Rule 13 of the BMW Act 2019.

Kindly acknowledge of the above and oblige.

Thanking you,

Yours truly

For Kids Clinic India Pvt Ltd.


Authorized Signatory



Encl: BMW Annual returns Statement



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)]

Sl. No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or : operator of facility)	:	CLOUDNINE HOSPITAL JAYANAGAR ARUSHI
	(ii) Name of HCF or CBMWTF	:	CLOUDNINE HOSPITAL.
	(iii) Address for Correspondence	:	1533, 9TH MAIN, 3RD BLOCK JAYANAGAR BENGALURU-560011
	(iv) Address of Facility	:	— " —
	(v) Tel. No, Fax. No	:	9972999729. 1805009999
	(vi) E-mail ID	:	info@cloudninecare.com.
	(vii) URI of Website	:	www.cloudninecare.com.
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	PRIVATE. (State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 132386/2017-18/411valid up to 30-9-2021
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30-09-2021
2.	Type of Health Care Facility	:	BEDDED HOSPITAL
	<input checked="" type="checkbox"/> Bedded Hospital	:	No. of Beds: 48
	<input type="checkbox"/> Non-bedded hospital	:	



	Laborator (Clinic or Blood Bank or Clinical y or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		
3.	Details of CBMWTF	:	mareli
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day NA
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day NA
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category 15495 Kg/annum Red Category : 10425 kg/annum White: 380 kg/annum. Blue Category : 1186 kg/annum General Solid waste:
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : 1) 4.2 ft x 3.3 ft x 4 ft - 4 containers. 2) 4 ft x 4 ft x 7 ft - 2 containers. Capacity : Enough to Store - 2 days waste Provision of on-site storage : (cold storage or any other provision) NIL

disposal facilities	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>— 0</td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>— 0</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>— 2</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td>— 01</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td>— 01</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td>— 0</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>— 0</td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td>— 0</td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td>— 1</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td>— 0</td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td>— 0</td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators	— 0			Plasma Pyrolysis	— 0			Autoclaves	— 2			Microwave	— 01			Hydroclave	— 01			Shredder	— 0			Needle tip cutter or destroyer	— 0			Sharps encapsulation or concrete pit	— 0			Deep burial pits:	— 1			Chemical disinfection:	— 0			Any other treatment equipment:	— 0		
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(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) NA																																																
(iv) No of vehicles used for collection and transportation of biomedical waste	NA																																																
(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>NA</th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration</td> <td></td> <td></td> </tr> <tr> <td>Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>	NA	Quantity generated	Where disposed	Incineration			Ash			ETP Sludge																																						
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(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	MARIDI ECO INDUSTRIES PVT. LTD.																																																
(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																																																
7 Details trainings conducted on BMW	Yes																																																
(i) Number of trainings conducted on BMW Management.	12 Monthly 2 times																																																

	(ii) number of personnel trained	200
	(iii) number of personnel trained at the time of induction	40
	(iv) number of personnel not undergone any training so far	NIL
	(v) whether standard manual for training is available?	YES
	(vi) any other information	
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	NIL
	(ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details.	NIL
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA
	Details of Continuous online emission monitoring systems installed	NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	YES NIL NON COMPLIANCE.
11	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 NON COMPLIANCE.
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

January - 2019 to December - 2019

Name and Signature of the Head of the Institution

Date: 29/06/2020

Place: Bangalore

