

To:

Date: 29-06-2020

The Environmental Officer - ~~City~~ West
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 3)
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	:	Kids clinic India Pvt LTD
	(i) Name of the authorised person (occupier or : operator of facility)	:	Ashok B.S
	(ii) Name of HCF or CBMWTF	:	Kids clinic India Pvt LTD
	(iii) Address for Correspondence	:	# H7 17th cross 11th Main
	(iv) Address of Facility	:	Halle shwaram Bangalore
	(v) Tel. No, Fax. No	:	-
	(vi) E-mail ID	:	hanuman tagouda b@cloudnine care.co
	(vii) URI of Website	:	www.cloudninecare.com
	(viii) GPS coordinates of HCF or CBMWTF	:	-
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) <input checked="" type="checkbox"/> Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: H.CE/2017-18/736valid up to one-time
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30 - 9 - 2020
2.	Type of Health Care Facility	:	Private
	(i) Bedded Hospital	:	No. of Beds:..... 30
	(ii) 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	:	Medicare										
	(i) Number healthcare facilities covered by CBMWTF	:	-										
	(ii) No of beds covered by CBMWTF	:	30										
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA Kg per day										
	(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)	:	<table border="1"> <tr> <td>Yellow Category</td> <td>13489</td> </tr> <tr> <td>Red Category :</td> <td>9051</td> </tr> <tr> <td>White:</td> <td>126.</td> </tr> <tr> <td>Blue Category :</td> <td>915</td> </tr> <tr> <td>General Solid waste:</td> <td>20,000/annum</td> </tr> </table>	Yellow Category	13489	Red Category :	9051	White:	126.	Blue Category :	915	General Solid waste:	20,000/annum
Yellow Category	13489												
Red Category :	9051												
White:	126.												
Blue Category :	915												
General Solid waste:	20,000/annum												
5	Details of the Storage, treatment, transportation, processing and Disposal Facility												
	(i) Details of the on-site storage facility	:	<table border="1"> <tr> <td>Size</td> <td>: 1000 cumeter</td> </tr> <tr> <td>Capacity</td> <td>: enough for 2days of waste</td> </tr> <tr> <td>Provision of on-site storage (any other provision)</td> <td>: (cold storage or any other provision)</td> </tr> </table>	Size	: 1000 cumeter	Capacity	: enough for 2days of waste	Provision of on-site storage (any other provision)	: (cold storage or any other provision)				
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Capacity	: enough for 2days of waste												
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disposal facilities		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	
		Incinerators	—	0		
		Plasma Pyrolysis	—	0		
		Autoclaves	—	1		
		Microwave	—	1		
		Hydroclave	—	0		
		Shredder	—	0		
		Needle tip cutter or destroyer	—	0		
		Sharps encapsulation or concrete pit	—	0		
		Deep burial pits:	—	0		
		Chemical disinfection:	—	1		
		Any other treatment equipment:	—	0		
					— sodium chlorid	
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)	NA	NA		
(iv) No of vehicles used for collection and transportation of biomedical waste	:	1 (one)				
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Quantity generated	Where disposed	NA	
		Incineration	NA			
		Ash	NA			
		ETP Sludge	NA			
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Medi care Environmental Management 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						
(i) Number of trainings conducted on BMW Management.		Every Month				

	(ii) number of personnel trained	120
	(iii) number of personnel trained at the time of induction	4.5 Per Month (Call new doct)
	(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	Nil
	(i) Number of Accidents occurred	NO
	(ii) Number of the persons affected	-
	(iii) Remedial Action taken (Please attach details if any)	-
	(iv) Any Fatality occurred, details.	-
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?	Implemented ETP
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
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

(Signature)

Hanumanthagouda

Date: 29/06/2020
Place: Bangalore

