

THE REGIONAL OFFICER
U.P. POLLUTION CONTROL BOARD
LUCKNOW

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)	:	Dr. ANURAG SHARMA
	(ii) Name of HCF or CBMWTF	:	REGENCY HOSPITAL
	(iii) Address for Correspondence	:	REGENCY HOSPITAL LUCKNOW
	(iv) Address of Facility	:	PLOT No- 3, 5, 6 KHURRAM NAGAR RING ROAD LKO
	(v) Tel. No, Fax. No	:	7880458555
	(vi) E-mail ID	:	Info.LKO@RegencyHealthcare.in
	(vii) URL of Website	:	www.RegencyHealthcare.in
	(viii) GPS coordinates of HCF or CBMWTF	:	HEALTH CARE FACILITY
	(ix) Ownership of HCF or CBMWTF	:	(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.: 24027751 17-01-2024, valid up to 31-12-2024
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 01/01/2020 - 31/12/2024
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:..... 75
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	0915700201, 19-05-2025
3.	Details of CBMWTF	:	
	(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



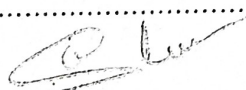
	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	SMS WATER GRACE MEDICAL WASTE MANAGEMENT PVT. LTD. VILL 2 PO BINDWA MOHAN LAL GANJ LKO
	(vii) List of member HCF not handed over bio-medical waste.	N/A
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	DISCUSSED IN HOSPITAL INFECTION CONTROL COMMITTEE
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	24 GNM, GDA) 16 (Nursing)
	(ii) number of personnel trained	351
	(iii) number of personnel trained at the time of induction	85
	(iv) number of personnel not undergone any training so far	NIL
	(v) whether standard manual for training is available?	YES AVAILABLE
	(vi) any other information	
8	Details of the accident occurred during the year	11
	(i) Number of Accidents occurred	11
	(ii) Number of the persons affected	
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details.	NO
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	N/A
	Details of Continuous online emission monitoring systems installed	N/A
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	STP ETP 0
11	Is the disinfection method or sterilization meeting the log 4	YES

	(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)	:	Yellow Category : 801 Kg Red Category : 1218 Kg White: 57 Kg Blue Category : 200 Kg General Solid waste: 1790 Kg																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : 53 SQR FEET Capacity : Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) Details of the treatment or disposal facilities	:	<table border="0"> <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></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>01</td> <td>60 Kg/day</td> <td>360 Kg</td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>SUBJECT TO CBMWTF (SMS WATER GRACE PVT. LTD.)</p>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves	01	60 Kg/day	360 Kg	Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
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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.) —																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	—																																																
	(v) Details of incineration ash and ETP sludge generated and disposed	:	<table border="0"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed																																														
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	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) NA

Certified that the above report is for the period from

01/01/2023 - 31/12/2023



Name and Signature of the Head of the Institution

Date: 29-05-2024
 Place

REGENCY HOSPITAL LUCKNOW

