

Dr L H Hiranandani Hospital

Your Family Superspeciality Hospital

ISO 9001:2015 CERTIFIED

Winner of IMC Ramkrishna Bajaj National Quality Award 2008 & 2015

NABH ACCREDITED HOSPITAL

APQO Global Performance Excellence Best In Class Award 2009 & 2016



Hiranandani
Hospital

June 23, 2021

To,
The Member – Secretary
Maharashtra Pollution Control Board
Kalpataru Point 3RD & 4th floor,
Sion Matunga Scheme Road No.8,
Sion – Circle, SION (East) Mumbai – 400022

Dear Sir,

Sub : Submission of Annual Report for the year 2020.

You are requested to update the quantity for authorization in the following categories as per the annexure I of the Annual report attached for the year 2020.

Thanking you,

Sincerely,

For Dr. L H Hiranandani Hospital

Dr. Sameer Kodkan

GM - Healthcare



[Signature]
23/6/2021
MAHARASHTRA POLLUTION CONTROL BOARD
Kalpataru Point, 3rd Floor, Sion Circle,
Opp. Cine Planet Cinema, Sion (E),
Mumbai - 400 022.
Tel : 24010437 / 24020781

Hillside Avenue, Hiranandani Gardens, Powai, Mumbai 400 076. Ph : 2576 3300/3333, Fax : 2576 3344 / 3311

website: www.hiranandanihospital.org

"To be the preferred choice for healing and good health"

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. SUJIT CHATTERJEE										
	(ii) Name of HCF or CBMWTF	D.L.H. HIRANANDANI HOSPITAL										
	(iii) Address for Correspondence	Hill side avenue, Hiranandani Gardens, Powai, Mumbai - 400076										
	(iv) Address of Facility											
	(v) Tel. No./Fax No.	022 - 25763311										
	(vi) E-mail ID	sujit.chatterjee@hiranandanihospital.org										
	(vii) URL of Website	www.hiranandanihospital.org										
	(viii) GPS coordinates of HCF or CBMWTF	NA										
	(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	Authorization UAN No. 55818 valid up to 31/08/2021										
	(xi) Status of Consents under Water Act and Air Act	Valid up to:										
2.	Type of Health Care Facility											
	(i) Bedded Hospital	No. of Beds - 244										
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	NA										
	(iii) License number and its date of expiry	761409940 - valid up to 31/03/2022										
3.	Details of CBMWTF	NA										
	(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 NIL										
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	Kg/day NIL										
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	<table border="1"> <tr> <td>Yellow Category</td> <td>33161</td> </tr> <tr> <td>Red Category</td> <td>31292</td> </tr> <tr> <td>White</td> <td>0</td> </tr> <tr> <td>Blue Category</td> <td>5513</td> </tr> <tr> <td>General Solid waste:</td> <td></td> </tr> </table>	Yellow Category	33161	Red Category	31292	White	0	Blue Category	5513	General Solid waste:	
Yellow Category	33161											
Red Category	31292											
White	0											
Blue Category	5513											
General Solid waste:												
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></td> </tr> <tr> <td>Capacity</td> <td></td> </tr> <tr> <td>Provision of on-site storage (cold storage or any other provision)</td> <td></td> </tr> </table>	Size		Capacity		Provision of on-site storage (cold storage or any other provision)					
Size												
Capacity												
Provision of on-site storage (cold storage or any other provision)												
	NA											

disposal facilities		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
NA		Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment:			
(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			Quantity generated	Where Disposed	
		Incineration	NA		
		Ash	NIL		
		ETP Sludge	18 ½ kg	Gardening	
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		NA			
(vii) List of member HCF not handed over bio-medical waste.		NA			
6 Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		We have Hospital Infection Control Committee (HICC) and BMW Management Policy			
7 Details trainings conducted on BMW		YES			
(i) Number of trainings conducted on BMW Management		Twice a year			
(ii) number of personnel trained		635			
(iii) number of personnel trained at the time of induction		ALL			
(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			

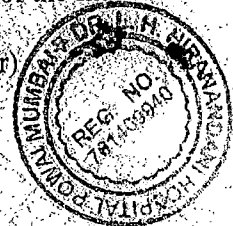
	(i) Number of Accidents occurred	NIL
	(ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	NIL
	(iv) Any fatality occurred, details	-
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	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?	NA
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NA
12.	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

JANUARY 2020 TO DECEMBER 2020

[Signature]

Name and Signature of the Head of the Institution
Dr. Sujit Chatterjee
(Chief Executive Officer)



Date: 21/06/2021

Place: MUMBAI

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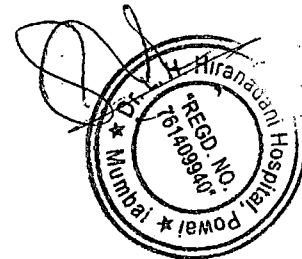


Hiranandani
Hospital

ANNEXURE - I

Monthly Break – up From January - 2020 to December - 2020

Sr.NO	MONTH	RED BAG	YELLOW BAG	BLUE BAG	BLACK BAG
1	JANUARY	4365	4090	772	0
2	FEBRUARY	3868	3885	715	0
3	MARCH	3670	3340	627	0
4	APRIL	2941	2772	348	0
5	MAY	2248	2400	399	0
6	JUNE	1345	1273	350	0
7	JULY	1483	1429	398	0
8	AUGUST	1695	1627	401	0
9	SEPTEMBER	2075	2452	365	0
10	OCTOMBER	2164	2541	293	0
11	NOVEMBER	2287	3105	340	0
12	DECEMBER	3151	4247	505	0
	TOTAL	31292	33161	5513	0



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