

Date: - 30/06/2019

To, The Pollution control board Regional office Dhanbad, Jharkhand Pin code:- 826001

Subject: - Submission of Annual Report of BMW,

waste.

Respected Sir,

We hereby submitting the Annual report of Blue sapphire Healthcare Pvt Ltd (Asian Dwarkadas Jalan Super Speciality Hospital, Bartand, Dhanbad) for the year 2018-2019.

1. Form -IV annual report of BMW.

So, we request you to kindly acknowledge our request & please do the needful.

Thanks & B

Centre Head

Asian Dwarkadas Jalan Super Speciality Hospital

#### Form - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)]

SI.	Particulars		
No.			
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	DR C. RAJAN
	(ii) Name of HCF or CBMWTF	:	BLUE SAPPHIRE HEADCARES PULLIN
	(iii) Address for Correspondence	:	ASTAN DIOALKA DAS THLAN SupcespH
	(iv) Address of Facility		BARTAND, OHANBAD \$2600)
	(v)Tel. No, Fax. No	;	
	(vi) E-mail ID	:	0326 - 2313506
Ì	(vii) URL of Website		wow aims india com
	(viii) GPS coordinates of HCF or CBMWTF		
	(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.:valid up to
	(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: 154 Beddel
	(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		
_	Details of CBMWTF	:	
3.	(i) Number healthcare facilities covered by	:	
	CDMWTF	1:	
	(ii) No of beds covered by CBMWTF		Kg per day
	(ii) No or beds covered by  (iii) Installed treatment and disposal capacity of  CBMWTF:	<u> </u>	

	- Server Market	
	during the treatment of wastes in Kg	
- 1	per annum	
	( )	Ash .
	(vi) Name of the Common Bio-	ETP Sludge
	Waste Treatment E	Dia malina la la menina si dial
	operator inrough which waster	
-		
	(vii) List of member HCF not handed	
6	over bio-medical waste.	
10	Do you have bio-medical waste	
	management committee? If yes, attach	10
	minutes of the meetings held during	
7	the reporting period	
1'	Details trainings conducted on BMW	
	(i) Number of trainings conducted on	. 20 NOS
	BMW Management.	. 201193
	(ii) number of personnel trained	So Nes
	(iii) number of personnel trained at	
	the time of induction	SONG.
	(iv) number of personnel not	
	undergone any training so far	MIC
	(v) whether standard manual for	
1	training is available?	VES
	(vi) any other information)	
8	Details of the accident occurred	
1	during the year	. MIC
1	(i) Number of Accidents occurred	MIL
	(ii) Number of the persons affected	NIC .
	(iii) Remedial Action taken (Please	
	attach details if any)	
	(iv) Any Fatality occurred, details.	· MIL
9.	Are you meeting the standards of air	
٥.	Pollution from the incinerator? How	
	many times in last year could not met	I I ·
	the standards?	
	Details of Continuous online emission	
	monitoring systems installed	
10	Liquid waste generated and treatment	1
.	methods in place. How many times	
	you have not met the standards in a	
	year?	
11	Is the disinfection method or	
* 1	sterilization meeting the log 4	
	sternization meeting the 106 1	

12	standards? How many times you have not met the standards in a year? Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)
Certi	fied that the above report is for the period	from	
Date:	30(00(10))	•••••	Name and Signature of the Head of the Institution

# ASIAN DWARKADAS JALAN SUPER SPECIALTY HOSPITAL

#### BARTAND, DHANBAD YEARLY STATEMENT OF BIO-MEDICAL WASTE

## SUMMERY FOR THE MONTH JANUARY 2018 TO DECEMBER 2018

MONTH	0.55			CATEGORY SHARP	Total
Jan'18	RED (KG)	BLUE(KG)	YELLOW(Kg)	(Kg)	
The state of the s	98.00			20.00	313.16
(eb'18	94.40	93.98		22.80	317.68
Mar'18	308.70			23.00	617.42
April'18	172.10	155.00		5.00	530.60
May'18	420.31	104.50		10.00	1035.56
June'18	324.78	207:55		11 30	
July'18		200:55		36.60	
ttirg'18	362.33			55.00	
	172.00			114.30	
Sep'18	324.00	342.20		127.00	
Oct'18	321.60	380.40	294.80		
Nov. 18	494.90	289.00	271.20		-
Dec'18	534.10	349.60	218.70	159.60	1262.00
Yearly Bio-Medical Waste					
ın Killogram	3627.22	2637.86		720.80	

Total Bio-Medical Waste

9507.91 KG ( Nine Thousand five thousand seven kilo gram)





Date: - 30/06/2019

To,
The Pollution control board
Regional office
Dhanbad, Jharkhand
Pin code:- 826001

Subject: - Submission of Annual Report of , Hazardous & E-waste.

Respected Sir,

We hereby submitting the Annual report of Blue sapphire Healthcare Pvt Ltd (Asian Dwarkadas Jalan Super Speciality Hospital, Bartand, Dhanbad) for the year 2018-2019.

Form - 4 for filling annual returns and

3. Form-3 for e-waste (filling annual returns).

So, we request you to kindly acknowledge our request & please do the needful.

Thanks & Regards,

Centre Head

Asian Dwarkadas Jalan Super Speciality Hospital.

Asian Dwarkadas Jalan Super Speciality Hospital (A unit of Blue Sapphire Healthcare Pvt. Ltd.) CIN:- U74999DL2007PTC159674

Reg. Off.:- 152, Mandakini Enclave, Alaknanda, New Delhi-110019, Off.: Near City Centre, Bartand, Dhanbad - 826001 (Jharkhand)

### FORM 4

[See rules 6(5), 13(8), 16(6) and 20 (2)]					
FORM FOR FILING ANNUAL RETURNS  [To be submitted to State Pollution Control Board by 30 <sup>th</sup> day of June of every year for the preceding period April to March] 2018-10					
1. Name and address of facility:  BLUE SAPPHIRE HEATHCARE PUT LTD  ASIAN DUARKADAS TALAN SUPER SPECIALTY HUSPITAL  BARTAND, DHANBAD  BARTAND, DHANBAD					
3. Name of the authorised person and full address with telephone, fax number and e-mail: DY ( ) Regards					
4. Production during the year (product wise), wherever applicable > It is a Hopital					
Part A. To be filled by hazardous waste generators					
1. Total quantity of waste generated category wise  (1) USED OIL > CITY Straige - NIL, COLL & GITY FICTORS - ICKY  2. Quantity dispatched (6014)  (i) to disposal facility  (ii) to recycler or co-processors or pre-processor  (iii) others  (Manifest Enlises)					
3. Quantity utilised in-house, if any - KIIL					
4. Quantity in storage at the end of the year - MIL.					
Part B. To be filled by Treatment, storage and disposal facility operators					
Part B. To be filled by Treatment, storage and disposal facility operators					
1. Total quantity received -					
1. Total quantity received -  2. Quantity in stock at the beginning of the year -  3. Quantity treated -					
1. Total quantity received - 2. Quantity in stock at the beginning of the year - 3. Quantity treated - 4. Quantity disposed in landfills as such and after treatment -					
1. Total quantity received -  2. Quantity in stock at the beginning of the year -  3. Quantity treated -  4. Quantity disposed in landfills as such and after treatment -  5. Quantity incinerated (if applicable) -					
1. Total quantity received -  2. Quantity in stock at the beginning of the year -  3. Quantity treated -  4. Quantity disposed in landfills as such and after treatment -  5. Quantity incinerated (if applicable) -  6. Quantity processed other than specified above -					
1. Total quantity received -  2. Quantity in stock at the beginning of the year -  3. Quantity treated -  4. Quantity disposed in landfills as such and after treatment -  5. Quantity incinerated (if applicable) -  6. Quantity processed other than specified above -  7. Quantity in storage at the end of the year -					
1. Total quantity received -  2. Quantity in stock at the beginning of the year -  3. Quantity treated -  4. Quantity disposed in landfills as such and after treatment -  5. Quantity incinerated (if applicable) -  6. Quantity processed other than specified above -					
1. Total quantity received -  2. Quantity in stock at the beginning of the year -  3. Quantity treated -  4. Quantity disposed in landfills as such and after treatment -  5. Quantity incinerated (if applicable) -  6. Quantity processed other than specified above -  7. Quantity in storage at the end of the year -					

- 3. Quantity recycled or co-processed or used –
- 4. Quantity of products dispatched (wherever applicable) –
- 5. Quantity of waste generated -
- 6. Quantity of waste disposed -
- 7. Quantity re-exported (wherever applicable)-
- 8. Quantity in storage at the end of the year -

Signature of the Occupier or Operator of the disposal facility

Date......30. 0.6. 2019
Place.... Dhounded

FORM - 10  See Put - 10						
	MANIFEST FOR HAZARDOUS AND OTHER WASTE					
1. Sender's Name & Mailing Address (including Ph. No.& email)	Comments of Manusconing					
2. Sender's Authorisation No.	Asian Diverticles From S.S. Hospital Bandard Dhow beal, Thankland.					
Manifest Document No.	JSPCB/RO/DHN/HWM-2036082/2018					
4. Transporters's Name & Address (including Ph. No.& email)	MD- SA LAHUDDIN Uppen kuli, Sindri Rorad, Jhariya, Dharles					
5. Type of Vehicle	(Truck / Tanker / Special Vehicle ) - Tata Mayic					
6. Transporter's registration No.						
7. Vehicle registration No.	JH10T4511					
Receiver's Name and Mailing Address     (including Ph. No.& email)	MANGALAM LUBRICANTS PVT. LTD. Ranchi Khunti Road, Vill - Hardag, Ranchi-835221 Ph: 9431170310, Email: pm@mangalamlu.ricants.com					
9. Receiver's Authorisation No.	JSPCB/RAN/Reg.No.07/2015					
10. Waste Description	Burnt/ Osed intricating & finiters					
11. Total Quantity	GO GICH M3 OF MT & 8 2 Dla					
No. of Containers .	Nos.					
12. Physical Form	(Solid / Semi Solid Solid Oily / Sludge/ Oily / Tarry / Slurry / Liquid )					
13. Special Handling Instructions and Additional Information	low accomplity					
14. Sender's Certificate :	I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are categorised packed, marked, andlabeled, and are in all respects in proper condition for transport byroad according to applicable national government regulations.					
Name & Stamp  Signature  Month Day Year  O 2202019						
15. Transporter's Acknowledgment of Receipt of Wastes						
Name & Stamp MD · Salahudolin	Signature  Month Day Year  S226299					
16. Receiver's Certification for Receipt of Hazardous and other Waste						
Name & Stamp	Signature  Month Day Year  D 2 20 20 19					
	1					

### FORM - 3

e-waste (Management & Handling) Rules, 2011 [See rules 4(9), 5(4), 7(7), 8(5) and 9(5)]

# FORM FOR FILING ANNUAL RETURNS

[To be submitted by producer/collection centre/dismantler/recycler by 30th June following to the financial year to which that return relates] Quantity in Metric Tonnes (MT) or Kilograms (Kg) per year

Name and address of the producer/collection centre/dismantler/ recycler	BLUE SAPPHIRE HEALTHCARES PULLED		
	ASTAN BLONELA	DAS TALAN HOSPITAL	
	RARJAND, DHA	NBAD, THARKHAHID	
Name of the authorized person and complete address with telephone and fax numbers and e-mail address			
for processing during the year for each category of electrical and electronic equipment listed in the Schedule 1 (Attach	532 Kg		
	Type	Quantity	
RECYCLERS: Quantity of e-waste in MT processed (category wise):		** -	
respect to 3 (A-B) above			
recovered from e-waste of different categories	Туре –	Quantity	
as applicable to 3(A) & 3(b)	Turno	Quantity	
Quantity of waste residues generated (non recyclable)  1) handed over to TSDF  2) Stored at site	Туре	Quantity	
	Name of the authorized person and complete address with telephone and fax numbers and e-mail address  Total quantity e-waste sold/purchased/sent for processing during the year for each category of electrical and electronic equipment listed in the Schedule 1 (Attach list), (procured raw materials)  Details of the above  DISMANTLERS: Quantity of e-waste in MT processed and sent to (category wise):  RECYCLERS: Quantity of e-waste in MT processed (category wise):  Name and full address of the destination with respect to 3 (A-B) above  Type and quantity of materials segregated/recovered from e-waste of different categories as applicable to 3(A) & 3(B)  Quantity of waste residues generated (non recyclable)  1) handed over to TSDF	Name of the authorized person and complete address with telephone and fax numbers and e-mail address  Total quantity e-waste sold/purchased/sent for processing during the year for each category of electrical and electronic equipment listed in the Schedule 1 (Attach list), (procured raw materials)  Details of the above  Type  DISMANTLERS: Quantity of e-waste in MT processed and sent to (category wise):  RECYCLERS: Quantity of e-waste in MT processed (category wise):  Name and full address of the destination with respect to 3 (A-B) above  Type and quantity of materials segregated/ recovered from e-waste of different categories as applicable to 3(A) & 3(B)  Quantity of waste residues generated (non recyclable)  1) handed over to TSDF	

Note: The applicant shall provide details of funds received (if any) from producers and its utility with an audited certificate.

✓ enclose the list of recyclers to whom e-waste have been sent for recycling. Strike off whichever is not applicable

Place 17-1ANBAD

Date 20 | 06 | 2019

Signature of the Authorized Person