



ANNUAL REPORT (2017)

[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)]

| Sr No: | Particulars | |
|--------|---|--|
| 1. | Particulars of the Occupier | |
| | (i) Name of the authorized person : | DR. BHAVESH THAKKAR |
| | (ii) Name of HCF or CBWTF : | STAR THERAPEUTIC PVT. LTD., |
| | (iii) Address for Correspondence : | Shed No. 2 & 3, Arvind Estate, Nr. Indica Lab., Bapunagar, Ahmedabad., Ahmedabad-380024, Dist: Ahmedabad, Tal: Ahmedabad |
| | (iv) Address of Facility : | E-Coli Waste Management System(Unit-1) Plot No. 14/1,Saket Ind.Estate,Sanand,Vilmoraiya, Dist: AHMEDABAD-6 |
| | (v) Tel. No, Fax. No : | 9898022444 |
| | (vi) E-mail ID : | startherapeutic@gmail.com |
| | (vii) URL or Website : | NA |
| | (viii) GPS coordinates of HCF or CBWTF: | Leti: 23.0374, Long: 72.6299 |
| | (ix) Ownership of HCF or CBWTF : | Private |
| | (x)Status of Authorization under BMW Rules: | Auth No: BMW-339634, Valid Upto: 10/9/2022 |
| | (xi) Status of Consent under Water, Air Act : | Consent No: BW-92963, Valid Upto: 10/9/2022 |

Type of Health Care Facility

| | | | |
|---|--|-------------------------------|--|
| 2 | (i) Bedded Hospital | 65 | |
| 2 | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | HOS-General Hospital | |
| 2 | (iii) License number and its date of expiry | ABD-01-03006 up to 31/12/2020 | |

Quantity of waste generated or disposed in Kg per annum(on monthly average basis)

| | | | |
|---|----------------------|---------|--|
| 4 | (i) Yellow Category | 4650.00 | |
| 4 | (ii) Red Category | 2790.00 | |
| 4 | (iii) White Category | 930.00 | |
| 4 | (iv) Blue Category | 930.00 | |

Details of the Storage, treatment, transportation, processing and Disposal Facility

| | | | |
|---|---|--|--|
| 5 | (i) Details of the on-site storage facility | color coded bins provided. | |
| 5 | (ii) Treatment Facility | disinfection / shredding | |
| 5 | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum | 0 | |
| 5 | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of | E-Coli Waste Management System(Unit-1) | |

BMW management committee

| | | | |
|---|--|-----|--|
| 6 | Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period | No. | |
|---|--|-----|--|

Details trainings conducted on BMW

| | | | |
|---|--|---|--|
| 7 | (i) Number of trainings conducted on BMW Management | 2 | |
| 7 | (ii) Number of Personnel trained | 2 | |
| 7 | (iii) Number of personnel trained at the time of induction | 2 | |



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| | | | |
|---|--|-----|--|
| 7 | (iv) Number of personnel not undergone any training so far | 0 | |
| 7 | (v) Whether standard manual for training is available | No. | |
| 7 | (vi) Any other information | 0 | |

Details of the accident occurred during the year

| | | | |
|---|---|---|--|
| 8 | (i) Number of Accident occurred | 0 | |
| 8 | (ii) Number of the persons affected | 0 | |
| 8 | (iii) Remedial Action taken (Please attch details if any) | 0 | |
| 8 | (iv) any Fatality Occurred , details | 0 | |

| | | | |
|----|--|-----|--|
| 9 | Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standards? | No. | |
| 9 | Details of Cuntinuous online emission monitoring sstems installed | 0 | |
| 10 | Liquid waste generated and treatment methods in place . How many times you have not met the standards in a year | 0 | |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ? | No. | |
| 12 | Any other relevant information | 0 | |

Certified that the above report is for the period from

Date:

Place:

Name and Sign of The Head of HCF

Flow- Solid dres. Mat.
FOR, STAR THERAPEUTIC PVT. LTD.
in & Stamp:
DIRECTOR/AUTHO. SIGNATORY

DR. BHAVESH THAKKAR