

DETAILS REQUIRED FOR SUBMITTING THE ANNUAL BIOMEDICAL RETURNS FOR THE PERIOD

01.04.2023 TO 30/06/2024

1	Name of the Occupier	Aster G Madegowda Hospital						
	Tel. No	082322 98208						
	Fax. No	-						
	E-mail ID	operations.gmh@asterhospital.com						
	URL of Website	www.asterhospital.com						
2	Quantity of waste generated or disposed in Kgs on monthly basis							
	<p align="center">Note – please kindly get the below details from CBMWTF (Common Bio-Medical Waste Treatment Facility) to whom you are disposing the Biomedical wastes</p>							
	Months (2023)	Categories				General Solid wastes (paper waste, corrugated boxes, wooden boxes etc)		
		Yellow in kgs	Blue in kgs	Red in kgs	White in kgs			
		April	106.8	3.1	129.1	7.15	246.1	Remarks
		May	119	31.1	248.5	11.2	409.8	
		June	182.6	13	231	5.6	432.2	
		July	121.6	29.2	196.1	8.2	328.1	
		Aug	135.5	25.3	198.8	1.5	370.8	
		Sep	130.9	23.4	214.3	13.8	390.2	
		Oct	81.4	22.2	207.3	07	316.6	
		Nov	112	43.6	192.5	10.5	358.6	
		Dec	196.4	18.6	229.6	6.7	451.3	
		TOTAL	1186.2	209.5	1847.2	71.6	3303.7	



3 Disposal Facilities

Type of treatment Equipment provided at unit	No of units	Capacity kg/day	Qty treated or disposed in kg/Annum
Autoclaves			
Microwave			
Hydroclave	None of these		
Shredder			
Needle tip cutter			
Chemical disinfection			

4 Quantity of recyclable wastes sold to authorized recyclers after Treatment in kg per annum

Red category Wastes	Qty generated	Details of disposal to Recyclers.
Plastic	N/A	
Glass	N/A	
etc		

5 Do you have bio-medical waste Management committee? If yes, attach minutes of the meetings held during the reporting period

Number of trainings conducted on BMW Management	15	Yes, attached.
Number of personnel trained	122	
Number of personnel trained at the time of induction	122	
Number of personnel not undergone any training so far	N/A	
Whether standard manual for training is available?	Yes	
any other information	N/A	



6	Details of the accident occurred during the year	N/A
	Number of Accidents occurred	
	Number of the persons affected	
	Remedial Action taken (Please attach details if any)	
	Any Fatality occurred, details.	
7	Documents required	Yes, attached.
	The photo copy of valid biomedical waste authorization issued by KSPCB.	
	The Photo copy of CFO (Consent for Operation) issued by KSPCB under water and air act.	
	The photo copy of valid agreement made with the CBMWTF	



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