Aster
WOMEN & CHILDREN
We'll Treat You Well

To,

The Regional Officer, Mahadevapura
Karnataka State Pollution Control Board,
Nisarga Bhavan, Thimaiah Main Road,
7th D Main, 3rd Stage, 2nd Block,
Shivanagar, Basaveshwaranagar,
Bengaluru – 560 079.

Sir,

Sub. : Submission of annual report (Form IV) for the year Jan. 2024 – Dec. 2024.

With reference to the above subject, I herewith submitting details of **Form-IV** (Bio-medical waste disposal annual returns) under Bio-medical management and handling rules, to KSPCB authorized agency, for the year Jan. 2024 – Dec. 2024 of our unit having address Plot No. 2, Survey No - 76, Sadaramangala Industrial Area, Of, ITPL Opp. Whitefield Bengaluru, Karnataka 560066

Please update in your record and acknowledge the same.

Thanking you,

Yours Faithfully,

ASTER HOSPITAL BENGALURU-66

24/12/25

Dr. Prashanth N. CEO

Aster Hospitals Karnataka Cluster

Enclosures:

1. Form-IV- Details of Bio-medical waste generated and disposed to KSPCB authorized agency for the year Jan. 2024 – Dec. 2024.
2. Annexure -1: Statement showing details of Bio-medical waste disposed to KSPCB authorized agency from Jan. 2024 – Dec. 2024.
3. Photocopies of Manifest copies of Bio-medical waste disposed for the year Jan. 2024 – Dec. 2024.
4. Bio-medical waste authorization copy (Under Bio-medical waste management and handling rules).
5. Deatils of Accident
6. MOM of Biomedical Waste Management Committee.

Aster Women & Children Hospital
Plot No. 2, Sadaramangala Industrial Area,
Off. Whitefield Main Road, Opp. ITPL,
Whitefield, Bengaluru, Karnataka, 560066

T : +91 80 4510 8888
E : patientcare.whitefield@asterhospital.com
www.asterhospitals.in

Aster
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The Regional Officer, Mahadevapura
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ASTER HOSPITAL BENGALURU

Dr. Prashanth N. CEO

Aster Hospitals Karnataka Cluster

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.....Form – IV

(See rule13)

ANNUAL REPORT

Sl. No	Particulars		
1 .	Particulars of the Occupier		Aster Hospital
	(i) Name of the authorized Occupier	:	Dr. Prashant N. CEO Aster Hospitals Karnataka Cluster, Plot No. 2, Sy. No.76, Sadaramangala village, KR Puram Hobli, Bengaluru East Taluk 560066
	(ii) Name of Facility	:	Aster Hospital
	(iii) Address for Correspondence	:	Plot No. 2, Sy. No.76, Sadaramangala village, KR Puram Hobli, Bengaluru East Taluk
	(iv) Address of Facility	:	Plot No. 2, Sy. No.76, Sadaramangala village, KR Puram Hobli, Bengaluru East Taluk 560066
	(v)Tel. No, Fax. No		080 4510 8888
	(vi) E-mail ID		mrudula.n@asterhospital.in
	(vii) URL of Website		https://www.asterhospitals.in/hospitals/aster--bangalore
	(viii) GPS coordinates of HCF		12° 59' 17"N 77° 44' 02"S
	(ix) Ownership of HCF		Private Limited
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Valid, Authorization is valid till 30/09/2030
	(xi). Status of Consents under Water Act and Air act		Valid, Consent is valid till 30/09/2030
2.	Type of Health Care Facility		
	(i) Bedded Hospital		49 Bedded hospital
	(ii) Non-bedded hospital		NA
	(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		NA

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		NA
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF		NA
4.	Quantity of waste generated in Kg per annum (on monthly average basis)		Yellow Category: 14283 Kg per annum Red Category: 6831 Kg per annum White Category: 266 Kg per annum Blue Category: 910 Kg per annum General Waste: 26627.75 Kg per annum
5.			
	(i) Details of the onsite storage facility disposal facility		Size: 100 Sq. ft. Capacity: 98 kg per day storage Provision of on-site storage: (cold storage or any other provision) – well ventilated, dedicated storage rooms based on their categories in their in our facility.

	Type of treatment equipment	No of units	Capacity Kg/Day	Quantity treated or disposed Kg/annum
	Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder	NA	NA	NA
	Needle tip cutter or destroyer Sharps encapsulation or - concrete pit	NA	NA	NA
	Deep burial pits	NA	NA	NA
	Chemical disinfection: Any other treatment equipment:	NA	NA	NA

	(iii) Quantity of recyclable wastes sold to authorized		Red Category (like plastic, glass etc.) NA

	recyclers after treatment in kg per annum		
	(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		Incineration: Quantity generated NA, Where disposed NA Ash: Quantity generated NA, Where disposed NA ETP Sludge: Quantity generated NA, Where disposed NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Anu Autoclave & Incin. Services (AAIS) GF, #854/F, 10th Main Rd, Stage 3, Indiranagar, Bengaluru, Karnataka 560038
	(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		Yes
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		21
	(ii) number of personnel trained		347
	(iii) number of personnel trained at the time of induction		Every new member joined will be inducted
	(iv) number of personnel not undergone any training so far		Nil, we shall train the personnel before handling Bio-medical waste and other general waste.
	(v) Whether standard manual for training is available?		Yes
	(vi) any other information		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		06 – Needle stick injury
	(ii) Number of the persons affected		NA

	(iii) Remedial Action taken (Please attach details if any)		Necessary Serology test conducted
	(iv) Any Fatality occurred, details.		NA
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?		Yes, we have a separate line and collection tank for liquid bio-medical waste at STP area, which is treated as per norms and treated using Ultra filtration technique.
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Yes
12.	Any other relevant information	:	

Certified that the above report is for the period from 1st Jan 2024 to 31st December 2024.

Date:
Place:

सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

Certificate No.	:	IN-KA36763052890534V
Certificate Issued Date	:	08-Apr-2023 03:09 PM
Account Reference	:	NONACC/ kakscsa08/ INDIRA NAGAR2/ KA-SV
Unique Doc. Reference	:	SUBIN-KAKAKSCSA0857244478101591V
Purchased by	:	ANU AUTOCLAVE AND INCIN SERVICES
Description of Document	:	Article 12 Bond
Description	:	AGREEMENT
Consideration Price (Rs.)	:	0 (Zero)
First Party	:	ANU AUTOCLAVE AND INCIN SERVICES
Second Party	:	ASTER DM HEALTHCARE LIMITED
Stamp Duty Paid By	:	ANU AUTOCLAVE AND INCIN SERVICES
Stamp Duty Amount(Rs.)	:	100 (One Hundred only)

KARNATAKA STATE CO-OPERATIVE SOCIETIES ASSOCIATION

Please write or type below this line

BIO-MEDIAL WASTE MANAGEMENT SERVICE AGREEMENT

M/s. **Anu Autoclave & Incin. Services** (GSTIN: AAVFA7795F1ZL) having its registered office at GF, #854/F, 10th Main, Indiranagar 2nd Stage, Bangalore – 560038. Hereinafter referred to as "**AAIS**" represented by its Business- Head Mr. **PSS. Rao**

AND

Anu Autoclave & Incin Services

Aster DM Healthcare Limited Bangalore-102

M/s. **Aster DM Healthcare Limited (GSTIN : 29AACCD7912K1ZD),** No.1785, Sarjapura Road, Sector-1,HSR Layout Ward No.174,Agra Extension, Bengalore-5600102 having its Hospital at in the name of **Aster Hospital (A unit of Aster DM healthcare Ltd)** having its place of business at Plot No. 2, Sadaramangala Industrial Area, off Whitefield Main Road, opposite ITPL, Whitefield, Bengaluru, Karnataka 560066, Karnataka, India, Hereinafter referred to as "Aster Hospital", represented by its **Authorized Signatory - (COO) Mr Arun Kumar** is hereby agreed and come to the Agreement on this **1st Day of April** month year **2023** as detailed below:

1. "AAIS", with Consent from Karnataka State Pollution Control Board is Operating a Common Treatment Facility for Managing Bio-Medical Waste in the State of Karnataka at Sy.No.145/2, Gullahalli Village, Sulibele Hobli, Hoskote Taluk, Bangalore Rural - 562122. The facility is having a State of Art Autoclave System along with the Shredder and Incinerator.

2. "Aster Hospital", its Bio-Medical Waste, properly packed in color-coded bags as per Pollution Control Board regulations for treatment and final disposal to "AAIS". The waste should be given at one single point by "Aster Hospital", has at given time of "AAIS" vehicle.

3. "AAIS" will charge a price of **Rs.6/- (Rupees Six) per Bed per Day** (Excluding Statutory taxes if any) as agreed for collection, transportation, treatment and final disposal of Bio-Medical Waste. This price is for a period of one year from the date of this agreement and thereafter there will be 10% (Ten percent) escalations in the price for every one year on the existing rate. However, for cost factors beyond control, a suitable revision will be permitted.

4. "Aster Hospital", will not enter into any kind of agreement with any other party or organization for the waste treatment and disposal unless cancellation of this agreement by obtaining NO OBJECTION CERTIFICATE from KSPCB and DHO and BBMP/Local Municipal Authorities.

5. "Aster Hospital" at Plot No. 2, Sadaramangala Industrial Area, off Whitefield Main Road, opposite ITPL, Whitefield, Bengaluru, Karnataka 560066, Karnataka, India having total 49 Beds. Anu Autoclave & Incin Services shall charge for **49 Beds** per day up to 12(TWELVE) months thereafter total Licensed Beds.

6. "Aster Hospital", assuring that, payment should be made through Electronic Payment Mode on or before 5th of every month. Details for electronic payment: -
   A/c Name: **ANU AUTOCLAVE & INCIN SERVICES**;
   A/c. No: **00000038600340239**; Type of A/c: **CURRENT ACCOUNT**.
   Bank: **STATE BANK OF INDIA**; MICR Code: **560002183**.
   Branch: **PREMIER BANKING BRANCH - INDIRANAGAR**; IFSC Code: **SBIN0015035**.

7. "AAIS" will collect Bio-Medical waste regularly and treat the waste as per the regulations. "AAIS" will not collect any waste that is not segregated or not properly packed. "AAIS" will not Collect General Garbage at all.

Anu Autoclave & Incin Services

Aster DM Healthcare Ltd Bangalore-102

8. "AAIS" will issue a proof of waste which is collected from "Aster Hospital", as per your declaration in the Application Form. This will help the individual hospital for getting compliance with the State Pollution Control Board. "Aster Hospital" can take their Authorization from the State Pollution Control Board by informing the Board that, "AAIS" treats their waste (The same has to be mentioned in the Authorization Form).

9. In case "Aster Hospital" find any irregularities in collection of waste, they can send a notice in writing to "AAIS" for immediate action.

10. "AAIS", will maintain their plant in good running condition all the time and ensure continuity of service to "Aster Hospital" as per the agreed terms & Conditions.

11. This MEMORANDUM OF UNDERSTANDING is entered into on the express understanding that, "AAIS" will maintain the logistics in order to collect, transport and treat the waste at their plant strictly in accordance with the Consent of the Karnataka State Pollution Control Board and it shall be the responsibility to obtain the Consent and keep the same always current.

12. In case of violation of any of the agreed terms & conditions of the MOU by either party, issue of notice may terminate this MOU Three months in advance by either party for terminating their respective obligations.

13. All disputes to this understanding are subject to the Jurisdiction of the court in Bangalore only.

14. This MOU is effective from **01-04-2023** and is valid for **5 (Five) Years** up to **31.03.2028**.

M/s. **Anu Autoclave & Incin. Services.,**

Business-Head.

M/s. **Aster Hospital - (A unit of Aster DM healthcare Ltd).,**

Authorized Signatory.

Office of the Senior Environmental Officer
Karnataka State Pollution Control Board
Bangalore - East
" NISARGA BHAVAN", 3rd Floor,
Thimmaiah Road, 7th 'D' Cross,
Shivanagar, Bangalore - 560 079
Phone : 080-23228859

ಹಿರಿಯ ಪರಿಸರ ಅಧಿಕಾರಿಯವರ ಕಛೇರಿ
ಕರ್ನಾಟಕ ರಾಜ್ಯ ಮಾಲಿನ್ಯ ನಿಯಂತ್ರಣ ಮಂಡಳಿ
ಬೆಂಗಳೂರು ಪೂರ್ವ
"ನಿಸರ್ಗ ಭವನ", 3ನೇ ಮಹಡಿ,
ತಿಮ್ಮಯ್ಯ ರಸ್ತೆ, 7ನೇ "ಡಿ" ಮುಖ್ಯರಸ್ತೆ,
ಶಿವನಗರ, ಬೆಂಗಳೂರು- 560 079.
ಫೋನ್ : 080-23228859

ಕರ್ನಾಟಕ ರಾಜ್ಯ
ಮಾಲಿನ್ಯ ನಿಯಂತ್ರಣ ಮಂಡಳಿ

towards a cleaner Karnataka

//By RPAD//

Auth. No. KSPCB/ZSEO(BNG EAST)/BMW/2020-21/193 DT: 19 JAN 2021

FORM –III (See rule 10)

(AUTHORIZATION FOR OPERATING A FACILITY FOR GENERATION, COLLECTION, RECEPTION, TREATMENT, STORAGE, TRANSPORT AND DISPOSAL OF BIO-MEDICAL WASTES)

Ref: Authorization appln submitted Dt: 08.01.2021.

******

1. **M/s Aster Hospital (M/s. Nambiar Enterprises LLP) at Plot No. 2, Sy No. 76, Sadaramangala Village, K R Puram Hobli, Bengaluru East Taluk, Bengaluru.**, is hereby granted an authorization for the activity of **Generation, Segregation, Collection, Storage, Packaging, Disposal or destruction of Bio Medical Wastes.**

2. **M/s Aster Hospital (M/s. Nambiar Enterprises LLP) at Plot No. 2, Sy No. 76, Sadaramangala Village, K R Puram Hobli, Bengaluru East Taluk, Bengaluru.**,, is hereby authorized for handling of Biomedical waste generating from **49 bedded** Health care facility.

3. The Bio medical wastes categories, segregation, collection, quantity, handling, treatment and disposal shall be as follows as specified in Part- I of Schedule – I **[See rules 3 (e), 4(b), 7(1), 7(2), 7(5), 7 (6) and 8(2).**

Category	Type of Wastes	Quantity permitted in Kg/Day	Type of Bags or containers to be used	Treatment and disposal options
1	2	3	4	5
Yellow	Human anatomical waste Soiled Waste Micro biology and bio technology waste	50 Kg	Yellow Coloured non-chlorinated plastic bags	To dispose to the operator of Common Bio Medical Wastes treatment facility (CBMWTF)
Red	Contaminated Waste (Recyclable)	25 Kg	Non-chlorinated yellow plastic bags or suitable packing material	To dispose to the operator of Common Bio Medical Wastes treatment facility (CBMWTF)

Senior Environmental Officer
Bangalore - East Zone
Karnataka State Pollution Control Board
Bangalore - 560 010

I. TERMS AND CONDITIONS OF AUTHORIZATION

1. The applicant shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
2. The authorization or its renewal shall be produced for inspection at the request of an officer authorized by the Board.
3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the Board.
4. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of his authorization.
5. It is the duty of the authorized person to take prior permission of the Board to close down the facility and such other terms and conditions may be stipulated by the Board.
6. The applicant shall submit Annual report in **Form – IV** on or before **30th June** every year for the period from January to December of the preceding year
7. The applicant shall take all necessary steps to ensure that Bio-medical waste is handled without any adverse effect to human health and the environment and in accordance with rules.
8. The applicant shall make a provision within the premises for a safe, ventilated and secured location for storage of segregated biomedical waste in colored bags or containers in the manner as specified in **Schedule - I**, to ensure that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals and the bio-medical waste from such place or premises shall be directly transported in the manner as prescribed in rules to the common bio-medical waste treatment facility or for the appropriate treatment and disposal, as the case may be, in the manner as prescribed in Schedule I.
9. The applicant shall pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilization on-site in the manner as prescribed by the World Health Organization (WHO) or National AIDs Control Organization (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal;
10. The applicant shall phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of these rules;
11. The applicant shall dispose of solid waste other than bio-medical waste in accordance with the provisions of respective waste management rules made under the relevant laws and amended from time to time
12. The applicant shall provide training to all its health care workers and others, involved in handling of bio medical waste at the time of induction and thereafter at least once every year and the details of training programmes conducted, number of personnel trained and number of personnel not undergone any training shall be provided in the Annual Report.

Senior Environment Officer
Bengaluru East

20. The applicant shall report major accidents including accidents caused by fire hazards, blasts during handling of biomedical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report to Regional Office.
21. The applicant shall make available the annual report on its web-site and all the health care facilities shall make own website within two years from the date of notification of these rules.
22. The applicant shall establish a system to review and monitor the activities related to bio-medical waste management, either through an existing committee or by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of this committee shall be submitted along with the annual report to the prescribed authority and the healthcare establishments having less than thirty beds shall designate a qualified person to review and monitor the activities relating to bio-medical waste management within that establishment and submit the annual report.
23. The applicant shall inform the prescribed authority immediately in case the operator of a facility does not collect the bio-medical waste within the intended time or as per the agreed time;

GENERAL CONDITIONS

II . TREATMENT AND DISPOSAL

a. The applicant shall ensure that the Bio-medical waste shall be treated and disposed of in accordance with **Schedule I**, and in compliance with the standards provided in **Schedule-II**
b. The applicant shall hand over segregated waste as per the Schedule-I to common bio-medical waste treatment facility for treatment, processing and final disposal: Provided that the lab and highly infectious bio-medical waste generated shall be pre-treated by equipment like autoclave or microwave.
c. The applicant intending to use new technologies for treatment of bio medical waste other than those listed in Schedule I shall request the Central Government for laying down the standards or operating parameters.
d. The applicant shall phase out use of non-chlorinated plastic bags within two years from the date of publication of these rules and after two years from such publication of these rules, the chlorinated plastic bags shall not be used for storing and transporting of bio-medical waste and the occupier shall not dispose of such plastics by incineration and the bags used for storing and transporting biomedical waste shall be in compliance with the Bureau of Indian Standards. Till the Standards are published, the carry bags shall be as per the Plastic Waste Management Rules, 2011.

Senior Environment Officer
Bengaluru East

i. The applicant shall ensure that chemical treatment using at least 10% Sodium Hypochlorite having 30% residual chlorine for twenty minutes or any other equivalent chemical reagent that should demonstrate $Log_{10}4$ reduction efficiency for microorganisms as given in **Schedule- III.**

j. The mutilation or shredding must be to an extent to prevent unauthorized reuse and there shall not be any chemical pretreatment before incineration, except for microbiological, lab and highly infectious waste.

k. The applicant shall ensure that dead fetus below the viability period (as per the Medical Termination of Pregnancy Act 1971, amended from time to time) can be considered as human anatomical waste. Such waste should be handed over to the operator of common bio-medical waste treatment and disposal facility in yellow bag with a copy of the official Medical Termination of Pregnancy certificate from the Obstetrician or the Medical Superintendent of hospital or health care establishment.

l. The applicant shall ensure that the cytotoxic drug vials shall not be handed over to unauthorized person under any circumstances. These shall be sent back to the manufactures for necessary disposal at a single point. As a second option, these may be sent for incineration at common bio-medical waste treatment and disposal facility or TSDFs or plasma pyrolys is at temperature >1200ºC.

m. The applicant shall ensure that residual or discarded chemical wastes, used or discarded disinfectants and chemical sludge can be disposed at hazardous waste treatment, storage and disposal facility. In such case, the waste should be sent to hazardous waste treatment, storage and disposal facility through operator of common bio-medical waste treatment and disposal facility only.

n. The applicant shall ensure that on-site pre-treatment of laboratory waste, microbiological waste, blood samples, blood bags should be disinfected or sterilized as per the Guidelines of World Health Organization or National AIDS Control Organization and then given to the common bio-medical waste treatment and disposal facility.

o. The applicant shall ensure that syringes should be either mutilated or needles should be cut and or stored in tamper proof, leak proof and puncture proof containers for sharps storage. Wherever the occupier is not linked to a disposal facility it shall be the responsibility of the occupier to sterilize and dispose in the manner prescribed.

p. The bedded health care facility applicants shall apply and obtain renewal of authorization one month in advance prior to expiry of the authorization validity period by filing prescribed authorization application in Form-II.

Senior Environment Officer
Bengaluru East

Form III -[Rule10]

Authorisation for Bio-Medical Waste Management Rules, 2016

Karnataka State Pollution Control Board
"Parisara Bhavana", No.49, Church Street,Bengaluru-560001
Tele : 080-25589112/3, 25581383
Fax:080-25586321
Email: ho@kspcb.gov.in

Authorization type: CBMWTF
Authorization No : 344466
Valid upto: 30-06-2029

(This document contains 1 pages excluding additional conditions)

PCB ID: 20890 INW ID: 225295 Date :19/07/2024

AUTHORIZATION FOR HEALTH CARE FACILITY FOR COLLECTION, GENERATION, TRANSPORTATION, TREATMENT OR PROCESSING OR CONVERSION, DISPOSAL OR DESTRUCTION USE OFFERING FOR SALE, TRANSFER OF BIOMEDICAL WASTES

Ref:
1. Authorization application submitted by the CBMWTF on 23-05-2024 at Regional Office.
2. Inspection of the project site/organization by Regional Officer, Hoskote on 02-07-2024

1. Authorization number and date of issue 344466 and 19-07-2024
2. M/s. Sambasiva Rao Panguluri an occupier or operator of the hospital located at Gullahalli Village is hereby granted an authorization for Activity : Collection, Storage, Reception, Transportation, Treatment, Disposal
3. M/s. Anu Autoclave & Incin. Services (Common Bio Medical Waste & Treatment Facility) is hereby authorized for handling of biomedical waste as per the capacity given below
   i. Number healthcare facilities covered by CBMWTF: 134
   ii. Installed treatment and disposal capacity: 8000.000 Kg per day
   iii. Area or distance covered by CBMWTF : 75.000
   iv. Quantity of Biomedical waste handled, treated or disposed:

Category	Type of Waste	Quantity generated or collected, kg/day	Method of treatment & disposal
Yellow	Human Anatomical Waste	600.000	Incineration
	Animal Anatomical Waste	200.000	Incineration
	Soiled Waste	150.000	Incineration
	Expired or Discarded Medicines	100.000	Incineration
	Chemical Solid Waste	20.000	Incineration
	Chemical Liquid Waste	10.000	To be Treated and Disposed as per BMW rules 2016
	Discarded linen, mattresses, beddings contaminated with blood or body fluid	200.000	Incineration
	Microbiology, Biotechnology & other clinical laboratory Waste	100.000	Incineration
Red	Contaminated Waste (Recyclable)	600.000	Autoclaving
White (Translucent)	Waste sharps including Metals	100.000	Autoclaving
Blue	Glassware	100.000	Disinfection and sent for recycling
	Metallic Body Implants	50.000	Disinfection and sent for recycling

4. This authorisation shall be in force for a period upto 30-06-2029 from the date of issue.
5. This authorisation is subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment(Protection)Act, 1986.

Form III -[Rule10]

Authorisation for Bio-Medical Waste Management Rules, 2016

Karnataka State Pollution Control Board
"Parisara Bhavana", No.49, Church Street,Bengaluru-560001
Tele : 080-25589112/3, 25581383
Fax:080-25586321
Email: ho@kspcb.gov.in

Authorization type: CBMWTF
Authorization No : 344466
Valid upto: 30-06-2029

(This document contains 2 pages excluding additional conditions)

Terms and conditions of authorization *

1. The applicant/authorisation shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
2. This authorisation or its renewal shall be produced for inspection at the request of an officer authorised by the prescribed authority.
3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the prescribed authority.
4. Any unauthorised change in personnel, equipment or working conditions as mentioned in the application by the person authorised shall constitute a breach of his authorisation.
5. It is the duty of the authorised person to take prior permission of the prescribed authority to close down the facility and such other terms and conditions may be stipulated by the prescribed authority.
6. Applicant shall take all necessary steps to ensure that bio-medical waste is handled without any adverse effect to human health and the environment and in accordance with the BMW rules.
7. Applicant shall make a provision within the premises for a safe, ventilated and secured location for storage of segregated biomedical waste in colored bags or containers in the manner as specified in Schedule I of the Bio-Medical Waste Management Rules, 2016.
8. Applicant shall ensure that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals and the bio-medical waste from such place or premises shall be directly transported in the manner as prescribed in the BMW rules to the common bio-medical waste treatment facility or for the appropriate treatment and disposal, as the case may be, in the manner as prescribed in Schedule I of the Bio-Medical Waste Management Rules, 2016.
9. Applicant shall Pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilization on-site in the manner as prescribed by the World Health Organization (WHO) or National AIDs Control Organization (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal;
10. Applicant shall phase out use of chlorinated plastic bags, gloves and blood bags within two years from the date of notification of the B MW rules;
11. Applicant shall dispose of solid waste other than bio-medical waste in accordance with the provisions of respective waste management rules made under the relevant laws and amended from time to time;
12. Applicant shall not to mix treated/untreated bio-medical waste with municipal solid waste;
13. Applicant shall provide training to all its health care workers and others, involved in handling of bio medical waste at the time of induction and thereafter at least once every year and the details of training programmes conducted, number of personnel trained and number of personnel not undergone any training shall be provided in the Annual Report;
14. Applicant shall immunise all its health care workers and others, involved in handling of bio-medical waste for protection against diseases including Hepatitis B and Tetanus that are likely to be transmitted by handling of bio-medical waste, in the manner as prescribed in the National Immunisation Policy or the guidelines of the Ministry of Health and Family Welfare issued from time to time;
15. Applicant shall establish Bar- Code System for bags or containers containing bio-medical waste to be sent out of the premises or place for any purpose;
16. Applicant shall ensure segregation of liquid chemical waste at source and ensure pre-treatment or neutralisation prior to mixing with other effluent generated from health care facilities;
17. Applicant shall ensure treatment and disposal of liquid waste in accordance with the Water (Prevention and Control of Pollution) Act, 1974 (6 of 1974);
18. Applicant shall ensure occupational safety of all its health care workers and others involved in handling of biomedical waste by providing appropriate and adequate personal protective equipments;
19. Applicant shall conduct health check up at the time of induction and at least once in a year for all its

Karnataka State Pollution Control Board
"Parisara Bhavana", No.49, Church Street,Bengaluru-560001
Tele : 080-25589112/3, 25581383
Fax:080-25586321
Email: ho@kspcb.gov.in

Authorization type: CBMWTF
Authorization No : 344466
Valid upto: 30-06-2029

(This document contains 3 pages excluding additional conditions)

health care workers and others involved in handling of bio- medical waste and maintain the records for the same;

20. Applicant shall maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I the Bio-Medical Waste Management Rules, 2016;
21. Applicant shall report major accidents including accidents caused by fire hazards, blasts during handling of biomedical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form I to the prescribed authority and also along with the annual report;
22. Applicant shall make available the annual report on their web-site and all the health care facilities
23. Applicant shall inform the prescribed authority immediately in case the operator of a facility does not collect the bio-medical waste within the intended time or as per the agreed time;
24. Applicant shall establish a system to review and monitor the activities related to bio-medical waste management, either through an existing committee or by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of this committee shall be submitted along with the annual report to the prescribed authority and the healthcare establishments having less than thirty beds shall designate a qualified person to review and monitor the activities relating to bio-medical waste management within that establishment and submit the annual report;
25. Applicant shall maintain all record for disposal of biomedical waste for a period of five years;
26. The applicant shall immediately adopt bar coding system for Bio medical waste
27. The applicant shall update COVID Bio Medical Waste data in CPCB tracking software at **bmw.cpcbccr.com/#/p/login.**

B. Specific instruction:

Additional Conditions:

1)This authorization is issued after prior approval of Member Secretary for the period upto 30.06.2029 with conditions.2)The Occupier shall comply with all the conditions prescribed in the ANNEXURES attached
herewith and submit compliance.

FOR AND ON BEHALF OF
KARNATAKA POLLUTION CONTROL BOARD

CHIEF/ SENIOR ENVIRONMENTAL OFFICER

Signature Not Verified
Digitally signed by
Date: 2024.07.18 17:29:59 +05:30

COPY TO:

1. The Environmental Officer, KSPCB, Regional Office,Hoskote for information and inspection of HCF during your next visit to the area.
2. Master copy (Dispatch).
3. Office copy.

BIO MEDICAL WASTE COLLECTION DATA

		Blue bags		Red bags		Yellow bags		Containes/Sharps		Cytotoxic yellow bags		Covid19 Bags		Total	
SL No	Month	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight
1	Jan-24	24	93.05	120	573.71	249	1040.49	16	19.24	0	0	0	0	409	1726.49
2	Feb-24	28	76.59	110	565.65	269	1099.84	14	19.8	0	0	0	0	421	1761.88
3	Mar-24	33	96.76	132	596.97	314	1258.22	25	27.37	0	0	0	0	504	1979.32
4	Apr-24	23	69.2	111	497.1	266	1092.52	11	12.14	0	0	0	0	411	1670.96
5	May-24	29	82.99	103	569.43	269	1221.32	10	16.18	0	0	0	0	411	1889.92
6	Jun-24	31	96.08	110	570.6	261	1230.75	24	37.62	0	0	0	0	426	1935.05
7	Jul-24	39	107.22	122	729.01	260	1353.72	24	22.99	1	4.09	0	0	446	2217.03
8	Aug-24	24	76.93	94	554.23	226	1123.86	16	22.55	0	0	0	0	360	1777.57
9	Sep-24	28	92.5	86	526.05	231	1205.76	16	16.34	0	0	0	0	361	1840.65
10	Oct-24	28	77.19	94	571.69	246	1218.57	18	15.94	0	0	0	0	386	1883.39
11	Nov-24	21	64.23	87	537.84	247	1192.74	26	43.77	0	0	0	0	381	1838.58
12	Dec-24	8	18.38	97	538.68	246	1241.25	20	12.46	0	0	0	0	371	1810.77
Total		316	951	1,266	6,831	3,084	14,279	220	266	1	4	-	-	4,887	22,332

Anu Autoclave & Incin Services

PROTECTING WHAT MATTERS

ANNUAL REPORT

To,
M/S. Aster Hospital.,
Plot No. 2, Sadaramangala Industrial Area,
Off Whitefield Main Road, Opposite ITPL, Whitefield,
Bangalore-560066.

Dear Sir/ Madam,

This is informing you that, we have collected following quantity of Bio-Medical Waste from your Establishment from Jan 2024 to Dec 2024.

ASTER HOSPITAL – C Block

Period: Jan-2024: Dec -2024 Establishment Type- Bedded Hospital

Sl No.	Month	Yellow Bags		Red Bags		Blue Mark Box		Whites		Cytotoxic Bags		Total	
		Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight
1	Jan-24	249	1040.49	120	573.71	24	86.05	16	19.24	0	0	409	1719.49
2	Feb-24	269	1099.84	110	565.65	28	76.59	14	19.8	0	0	421	1761.88
3	Mar-24	314	1258.22	132	596.97	33	96.76	25	27.37	0	0	504	1979.32
4	Apr-24	266	1092.52	111	497.1	23	69.2	11	12.14	0	0	411	1670.96
5	May-24	269	1221.32	103	569.43	29	82.99	10	16.18	0	0	411	1889.92
6	Jun-24	261	1230.75	110	570.6	31	86.08	24	37.62	0	0	426	1925.05
7	Jul-24	260	1353.72	122	729.01	39	87.22	24	22.99	1	4.09	446	2197.03
8	Aug-24	226	1123.86	94	554.23	24	76.93	16	22.55	0	0	360	1777.57
9	Sep-24	231	1205.76	86	526.05	28	88.5	16	16.34	0	0	361	1836.65
10	Oct-24	246	1218.57	94	571.69	28	77.19	18	15.94	0	0	386	1883.39
11	Nov-24	247	1192.74	87	537.84	21	64.23	26	43.77	0	0	381	1838.58
12	Dec-24	246	1241.25	97	538.68	8	18.38	20	12.46	0	0	371	1810.77
Total		**3,084**	**14,279**	**1,266**	**6,831**	**316**	**910**	**220**	**266**	**1**	**4.09**	**4,887**	**22,291**

For **Anu Autoclave & Incin Services.**,

SAMBASIVA RAO PANGULURI
Digitally signed by SAMBASIVA RAO PANGULURI
Date: 2025.02.18 13:30:55 +05'30'

PSS Rao – Business Head.

Cell: **8861437446.**

Our motto "A Solution to Environment Pollution"

Factory : Sy No.145/2, Gullahalli Village, Sulibele Hobli, Hoskote Taluk, Bangalore Rural - 562114
Office: GF, #854/F, 10th Main, Indiranagar 2nd Stage, Bangalore -560038. Ph: 41242178. Mob: 9008684839.
E-mail: anuautoclave@gmail.com

Aster Hospital C Block- Needle Stick Injury Jan 2024 to Dec 2024

MONTH	DATE OF EXPOSURE	NSI/BLOOD & BODY FLUID EXPOSURE	LOCATION OF OCCURANCE	CATEGORY OF STAFF (NURSE/CLINICIAN ETC)	NAME OF STAFF
Feb	16/02/2024	Sharp Injury	OT -B block	House Keeping	Mr. Saidur Rehman Laskar
Mar	23/03/2024	Needle stick injury	A block 2nd floor Ward	House Keeping	Ms. Nirmala
Apr	29/04/2024	Needle stick injury	General surgery OPD B Block	House Keeping	Ms. Mala
Aug	19-08-2024	Body fluid exposure	B Block Endoscopy	House Keeping Staff	Ms. Jyothi B
Aug	8/26/2024	Needle stick injury	A Block Second floor Ward	House Keeping Staff	Mrs. Lalitha S
Dec	4/12/2024	Needle stick injury	OT -B block	HK Staff	Mr. Aktar ali

Aster
WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting 28th Mar- 2024

Date of Meeting: 28th Mar 2024
Venue: A Block – 4th floor training room
Time: 3:00 PM – 04:00 PM

Agenda:

1. Review of previous minutes of meeting.
2. HIC Indicator for Jan & Feb-24.
3. Infection Control Risk Assessment for 2024.
4. Antibiogram for the year Jan 2023 to Dec 2023.
5. Cleaning and Disinfection practices.
6. Availability of adequate catheter care and Oral care sets.
7. Protocol for disinfection of Laryngoscopes.
8. Open Discussion.

Members present at the Committee meeting:

1. Mr Arun Kumar -Chief Operating Officer
2. Dr. Ajith Kumar A.K- Lead Consultant Critical Care Unit
3. Dr.Rakshitha - Consultant ,Microbiologist and ID
4. Dr. Rashmi N.P- AMS
5. Dr Topoti Mukherjee- Lead consultant nephrology
6. Dr Aravinda A- Pediatric ER Lead consultant
7. Dr Yathish- Lead consultant Rheumatology
8. Dr Srinivasa Murthy- Lead consultant Paediatrics
9. Dr. Krishna Consultant- Anaesthesiology
10. Dr Prabhakar- Lead Consultant Surgery
11. Ms. Ranjitha –Assistant Manager Quality
12. Ms. Sowmya- M N- ICN
13. Ms. Stella M-ACNO
14. Ms Anupama- Nursing Quality
15. Dr. Soumya- Clinical pharmacologist
16. Mr Sanjay KB - Support services
17. Mr Miraj- F&B, Asst manager
18. Dr.Vrushali-Executive Quality

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting 28th Mar- 2024

Previous HIC Meeting Minutes -17th Jan-24				
Sl No	**Discussion point / Department**	**Action Plan**	**Responsibility**	**Status**
1.	In view of Improving Hand Hygiene Compliance	Since Hand Hygiene trends are low, there should be scope for improvement. Committee targets to achieve 90% compliance in critical areas to prevent cross infection and suggested to remind or offer the handrub to doctors to do hand hygiene by allocated staff/In charge Nurse during patient rounds to supervise and correct the nurses on spot when not following hand hygiene, to be done by supervisors/ floor in-charges.	Dr. Ashok -CMS Dr.Rashmi-AMS Ms. Gowramma -CNO Mr Sanjay KB - Support services Infection control team	Ongoing
2.	Needle stick Injury Campaign	Committee suggested to give hands on training for all staffs to follow Safe handling of sharps and Prevention of NSI.	Dr. Rakshitha and Team Dr. Ashok B C -CMS Dr. Rashmi-AMS Ms. Gowramma -CNO Mr. Sanjay KB - Support services	Closed
3.	Pre op shower protocol for surgical patients	Committee suggested that Pre op shower order to be included in the OP prescription for surgical patients on OPD basis. Infection Control team should send official email on the same to all the Surgeons and should be available in OP Pharmacy.	Dr. Rakshitha-ICO Dr.Ashok B C-CMS Mr. Nagarjuna/ Mr. Somanna-Pharmacy	Closed

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting 28th Mar- 2024

HIC Committee Minutes of meeting 28th Mar- 2024					
Sl No	**Discussion point / Department**	**Action Plan**	**Responsibility**	**Timeline**	**Status**
1.	Hand hygiene Campaign	Since Hand Hygiene trends are low, there should be scope for improvement. Committee targets to achieve 90%compliance in all areas of the hospital to prevent cross infection and suggested to conduct hand hygiene campaign to ensure awareness across all the health care workers. It is also a part of the risk assessment goal for the year 2024	Dr. Ashok -CMS Dr. Rashmi-AMS Ms. Gowramma -CNO Mr Sanjay KB – Asst. Manager Support services Dr. Rakshitha-ICO Ms. Sowmya -ICN	30th April	Open
2.	Shortage of Sterile sets for Procedure such as Catheterisation set, dressing set, catheter care and oral care sets.	Should ensure adequate sterile sets and it should be available in the departments for procedure purpose Ms. Stella should take initiative to give count to purchase team.	Ms. Gowramma –CNO Mr. Augustine –Deputy manager Purchase Mr. Kantharaj -CSSD Incharge	30th April	Open
3.	Vaccination program for Support service staffs	Team has to share Eligible staff for vaccination list before 25th of every month to the infection control team.	Mr. Sanjay- Asst. Manager Support Services	Immediate	Closed
4.	Awareness to all HK staff regarding Infection Control practices	Infection control topics for the House keeping staff and supervisor frequency should be increased as very less hospital experience background staff including supervisors to adhere the practices. Dedicated HK staff to be given for critical areas.	Mr. Sanjay KB - Asst. Manager Support services Ms. Sowmya and Ms. Reisho-ICN	immediate	Ongoing

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting 28th Mar- 2024

11.	Cleaning and Disinfection of Used Laryngoscopes	Committee suggested that after usage of laryngoscope initial cleaning to be done by end users then sent for disinfection purpose to the CSSD. Committee identified CSSD as the dedicated area for disinfection of Laryngoscopes except OTs. Extra set of laryngoscopes to be kept in the ER and ICUs.	Mr. Shakti -Executive Biomedical Engineering. Mr.Augustine- Deputy manager Purchase. Ms. Gowramma –CNO. Mr. Kantha raj-CSSD Incharge.	30th April	Open

Signature of the Chairperson:
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

Signature of Infection Control Officer (ICO)
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

Signature of the Convener:
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting 22nd May- 2024

5.	Pending lab reports should be mentioned in the Discharge form	Committee suggested that pending reports will be written in the discharge summary and explained to the patient.	Dr. Rohini Paul & team- Cluster Nursing head	30-05-2024	Open
6.	Hand hygiene Campaign Pictures and videos should be displayed in the video wall.	Dr. Ashok suggested that the Hand Hygiene Campaign Picture and videos should be displayed on the video wall to create awareness to the public.	Mr. Suresh Gouda -Assistant Manager -Engineering and Maintenance. HIC team.	30-05-2024	Open
7.	Adequate number of Biomedical waste posters on or Near Biomedical disposal.	Biomedical waste bins should've Posters of biomedical waste in bigger font and may also have a pictographical representation.	Mr. Sanjay KB – Manager Support services	30-06-2024	Open
8.	Cytotoxic waste disposal policy	Committee suggested standardizing the Cytotoxic waste disposal policy by discussing with the vendor.	Mr. Sanjay KB – Manager Support services Dr. Rakshitha -ICO	30-05-2024	Immediate

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting 22nd May- 2024

6.	CSSD Recall mock	The committee suggested conducting CSSD Recall mock every month.	Mr. Kantha raj-CSSD Incharge	Ongoing
7.	Bedside Bio-Medical equipment Cleaning by End users	In use Bedside equipment cleaning should happen promptly on daily basis if its shared intermittent cleaning after each use. Same should ensue via documentation by allocated staff and departmental Incharges.	Ms. Gowramma-CNO	Ongoing
8.	Necessary Biomedical disposal access in Dressing trolley.	During the procedure dressing trolley must contain with basin and a basin covered with Biomedical waste covers	Ms. Gowramma-CNO	Closed
9.	Dedicated Service Lift transporting Biomedical waste & other goods.	The committee suggested streamlining the practices in the Service lift and training all HK and Security Staffs.	Mr. Sanjay KB - Support services	Partially
10.	Notifying the Communicable diseases by Treating Physician.	The committee suggested notifying the suspected /Confirmed communicable diseases by the Clinician to the Nursing team to ensure isolation precautions at the time of suspect.	Dr. Ashok -CMS Dr.Rashmi-AMS	Ongoing
11.	Cleaning and Disinfection of Used Laryngoscopes	The committee suggested that after usage of the laryngoscope initial cleaning to be done by end users then for disinfection purposes it has shifted to the CSSD. The committee identifies CSSD as the dedicated area for disinfection of Laryngoscopes except OTs.	Ms. Gowramma –CNO Mr. Kantha raj-CSSD Incharge Mr. Shakti-BME	Partially

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting 22nd May- 2024

Members absent at the Committee Meeting:

1. Dr.Kavitha Kovi -Senior Consultant OBG
2. Dr Venkatesh Guptha- consultant, Intensivist
3. Dr Topoti Mukherjee- Lead consultant nephrology
4. Dr. Suchismitha Rajamanya-Lead Consultant, Internal Medicine
5. Dr Kumardev Aravinda Rajamanya- Lead consultant Orthopaedics
6. Dr. Sai Vivek-Consultant Medical Oncology
7. Dr.Yathish- Lead consultant Rheumatology
8. Mr Arun Kumar -Chief Operating Officer
9. Dr Topoti Mukherjee- Lead consultant nephrology

Invitees Present at the Committee Meeting:

1. Mr. Christy – MICU Incharge
2. Ms. Manju -BMT Nurse
3. Ms. Sushmitha -MICU Nurse
4. Ms. Rathnamma-OT Manager

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting 23rd Jul- 2024

Date of Meeting: 23rd Jul-2024
Venue: A Block – 4th floor training room
Time: 2:30 PM – 03:30 PM

Agenda:

- Review of previous minutes of the meeting.
- HIC Indicators May and Jun-24.
- Biomedical equipment disinfection Practices.
- Annual Infection Control budget.
- Open Discussion.

Members present at the Committee meeting:

1. Dr. Ajith Kumar A.K- Lead Consultant Critical Care Unit
2. Dr. Rakshitha - Consultant Microbiologist and ID
3. Dr. Rashmi N.P- AMS
4. Dr Venkatesh Guptha- consultant, Intensivist
5. Dr Latish Kumar- Lead consultant NICU
6. Dr Aravinda A- Paediatric ER Lead consultant
7. Dr Srinivasa Murthy- Lead consultant Paediatrics
8. Dr Prabhakar- Lead Consultant Surgery
9. Ms. Ranjitha –Assistant Manager Quality
10. Ms. Sowmya- M N- ICN
11. Ms. Stella M-ACNO
12. Dr. Praveen and Soumya- Clinical pharmacologist
13. Mr Kantharaj- CSSD in charge.
14. Arjun Shakthi-Assistant Manager -Biomedical Engineering
15. Ms. Hemalatha BS- Manager-Operations
16. Ms. Usharani M- Nurse Officer -Quality.

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting 23rd Jul- 2024

Sl No	Discussion point / Department	Action Plan	Responsibility	Timeline	Status
1.	Review of previous minutes of meeting	(Cleaning and Disinfection of Used Laryngoscopes) Laryngoscopes post use will be sent to CSSD for high level disinfection. Adequate sets should be made available in the departments.	CNO Ms. Stella M, Ms. Anupama-ACNO. Ms. Usharani –Quality Nurse.	15-08-2024	Open
		Committee suggested that pending reports will be written in the discharge summary and explained to the patient.	Dr. Ashok -CMS Dr. Rashmi-AMS	15-08-2024	Open
		Biomedical waste bins should've Posters of biomedical waste in bigger font and may also have a pictographical representation.	Mr. Sanjay-Support Services	30-08-2024	Open
2.	Annual Infection Control budget	The Annual Infection Control budget for FY 2024-25 has been discussed and approved. Suggested to show the consumption cost of disinfectants and PPE in the Infection Control budget.	Dr. Rakshitha-ICO Mr. Sanjay-Support Services	15-08-2024	Open
3.	Hospital Approved Disinfectants	Hospital Approved Disinfectants been discussed and approved by the committee.	Dr. Rakshitha-ICO	23-07-2024	Closed
4.	Cleaning and disinfection practices of the Stainless-steel trolleys across the hospital.	In use Bedside equipment found rust after using a while. BME team confirmed that all rusted trolley will be taking back from Manufacturer and replacing by good medical quality trolleys.	Arjun Shakthi-Assistant Manager -BME	30-08-2024	Open

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting 23rd Jul- 2024

		The committee suggested train the Nurses on intradermal injection technique.			
8.	Availability of Ambu bags in the ICUs	The committee suggested to ensure adequate number of Ambu bags in the critical care areas post usage or to arrange the disposal Ambu Bags if it is reasonable cost.	Mr. Augustine-Purchase Manager Ms. Anupama -ACNO Dr. Rashmi-AMS	15-08-2024	Open
9.	TPN Infusion practices	The committee has recommended enhancing the safety and awareness of TPN Infusion practices to label the infusion set with colour coded sticker.	CNO Ms. Stella M, Ms. Anupama-ACNO. Ms. Usharani –Quality Nurse.	05-08-2024	Immediate
10.	Curtains changing practices	Curtains not changing as per policy in ICUs and Wards. Committee suggested to keep adequate number of curtains and it must change as per policy and should be documented in checklist and signed by Staff /Icharges in the respected areas.	Mr. Sanjay-Asst Manager Support Services	05-08-2024	Open

Signature of the Chairperson:
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Bangalore

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Signature of the Convener:
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting

Date of Meeting: 18th Sep-2024
Venue: A Block – 4th floor Conference Room
Time: 3:30 PM – 04:30 PM

Agenda:

- Review of previous minutes of meeting.
- HIC Indicator Jul and Aug-24.
- SIP Campaign.
- Serology positive popup in the HIS.
- Examination gloves dispense and storage protocol in the bedside when it is <100 Nos.
- Open Discussion

Members present at the Committee meeting:

1. Dr. Ashok BC- CMS and Lead Consultant Plastic Surgery
2. Dr. Ajith Kumar A.K- Lead Consultant Critical Care Unit
3. Dr. Rakshitha - Consultant Microbiologist and ID
4. Dr Topoti Mukherjee- Lead consultant nephrology
5. Dr Venkatesh Guptha- consultant, Intensivist
6. Dr. Suchismitha Rajamanya-Lead Consultant, Internal Medicine
7. Dr Aravinda A- Paediatric ER Lead consultant
8. Dr Srinivasa Murthy- Lead consultant Paediatrics
9. Dr Srivatsa- Lead consultant Pulmonologist
10. Dr. Krishna- Consultant Anaesthesiology
11. Ms. Anita L-CNO
12. Ms. Sowmya- M N- ICN
13. Ms. Stella M-ACNO
14. Dr. Soumya- Clinical pharmacologist
15. Ms Anupama- Nursing Quality
16. Mr Sanjay KB - Support services
17. Mr Miraj- F&B, Asst manager
18. Mr Suresha gouda- Asst. Manager Engineering & Maintenance
19. Dr. Vrushali S -Executive Quality
20. Mr Kantharaj- CSSD in charge.
21. Ms. Usharani M- Nurse Officer -Quality.

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting

Sl No	Discussion point / Department	Action Plan	Responsibility	Timeline	Status
1.	Review of previous minutes of meeting	In use Bedside equipment found rust after using a while. BME team confirmed that all rusted trolleys will be taking back from Manufacturer and replacing by good medical quality trolleys.	Arjun Shakthi-Assistant Manager -BME	15-10-24	Open
		The committee suggested to ensure adequate number of Ambu bags in the critical care areas post usage or to arrange the disposal Ambu Bags if it is reasonable cost.	Mr. Augustine-Purchase Manager Dr Venkatesh Guptha-consultant, Intensivist. Ms. Anupama -ACNO Dr. Rashmi-AMS	15-10-24	Open
2.	Quality indicators presentation	*HAIs-There were no incidence of VAP reported However, there was SSI, CAUTI & CLABSI. Discussed the details of these cases to the committee. *Bundle compliance for CAUTI, CLABSI, VAP & SSI were below 90% and found improvement in the June. Reasons for gaps were discussed. Committee suggested to continue ground training and continuous feedback to concerned staff as and when non-compliance is seen. •Average Multi Drug Resistant Organism Rate was 0.5% in last 2 months. • The average Percentage of cases Surgical antibiotics prophylaxis been discussed, and the committee noted the details presented. *Percentage of staff provided with pre-exposure prophylaxis-discussed about short supply of Hepatitis B Vaccine. *Hand hygiene compliance- The average compliance was 82.3% in Jul & Aug month. PICU identified as a best department to follow Hand hygiene practices and rolling trophy handover to PICU Incharge. *AMS program, Blood and Body fluid exposure and other surveillance data discussed.	HIC Team	30-9-24	Ongoing

Aster
WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting

Signature of the Chairperson:
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

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Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

Signature of the Convener:
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Aster Whitefield Hospital
Bangalore

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting 24th Oct- 2024

Date of Meeting: 24th Oct-2024
Venue: A Block – 4th floor Training Hall
Time: 2:30 PM – 03:30 PM

Agenda:

- Review of previous minutes of meeting.
- HIC Indicator Sep-24.
- Hospital Infection control Surveillance activities.
- Biomedical equipment disinfection Practices in OPD areas.
- Care of devices in the non -critical areas.
- Open Discussion

Members present at the Committee meeting:

1. Dr. Ashok BC- CMS and Lead Consultant Plastic Surgery
2. Dr. Ajith Kumar A.K- Lead Consultant Critical Care Unit
3. Mr Arun Kumar -Chief Operating Officer
4. Dr. Rakshitha - Consultant Microbiologist and ID
5. Dr. Rashmi N.P- AMS
6. Dr Topoti Mukherjee- Lead consultant nephrology
7. Dr Latish Kumar- Lead consultant NICU
8. Dr Prabhakar- Lead Consultant Surgery
9. Dr Srinivasa Murthy- Lead consultant Paediatrics
10. Dr. Ajay- Consultant Anaesthesiology
11. Ms. Anita L-CNO
12. Ms. Sowmya- M N- ICN
13. Ms. Ranjitha –Assistant Manager Quality
14. Ms. Stella M-ACNO
15. Dr. Soumya- Clinical pharmacologist
16. Ms Anupama- Nursing Quality
17. Mr Sanjay KB - Support services
18. Mr Suresha gouda- Asst. Manager Engineering & Maintenance
19. Dr. Vrushali S -Executive Quality
20. Mr Kantharaj- CSSD in charge.
21. Ms. Usharani M- Nurse Officer -Quality.

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HIC Committee Minutes of meeting 24th Oct- 2024

Sl No	Discussion point / Department	Action Plan	Responsibility	Timeline	Status
1.	Review of previous minutes of meeting	In use Bedside equipment found rust after using a while. BME team confirmed that all rusted trolleys will be taking back from Manufacturer and replacing by good medical quality trolleys.	Mr .Ragesh -BME	15-11-24	Open
		The committee suggested to ensure adequate number of Ambu bags in the critical care areas post usage or to arrange the disposal Ambu Bags if it is reasonable cost.	Mr. Augustine-Purchase Manager Dr Venkatesh Guptha-consultant, Intensivist. Ms. Anupama -ACNO Dr. Rashmi-AMS	24-10-24	Closed
		Flu vaccine shot to the high-risk employees. The committee has proposed to vaccinate the high-risk employees against flu on the Purchase cost. Vaccine should made available in the pharmacy who is willing to avail the vaccine on subsidised rate.	Mr. Maheboob - Deputy manager Pharmacy.	24-10-24	Closed
		Availability of BMW bins in the A Block 2nd floor ward. The committee has recommended to use DU near Nurses station C.	Mr Sanjay KB - Support services	24-10-24	Closed
2.	Quality indicators presentation	*HAIs-There were no incidence of VAP reported However, there was SSI, CAUTI & CLABSI. Discussed the details of these cases to the committee. *Bundle compliance for CAUTI, CLABSI, VAP & SSI were within benchmark and found improvement. Reasons for gaps were discussed. Committee suggested to continue ground training and continuous feedback to concerned staff as and when non-compliance is seen. •Average Multi Drug Resistant Organism Rate was 0.2%. • The average Percentage of cases Surgical antibiotics prophylaxis been discussed, and the committee noted the details presented.	HIC Team	30-10-24	Ongoing

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HIC Committee Minutes of meeting 24th Oct- 2024

6.	Percentage of Cases who received appropriate prophylactic antibiotics .	Committee suggested increase the unit target from 75% to 95% for Percentage of Cases who received appropriate prophylactic antibiotics as our compliance rate is good.	Dr. Rakshitha-ICO Dr. Ashok BC- CMS Mr Arun Kumar -COO Dr. Rashmi-AMS Ms. Ranjita -Deputy Manager Quality	30-10-24	Closed
7.	Percentage of Cases who discontinued prophylactic antibiotics within 24 hrs. of surgery	Committee suggested decrease the unit target post discussion from Dr. Anup warrior from 75% to 50% for Percentage of Cases who discontinued prophylactic antibiotics within 24 hrs. of surgery as our compliance rate is below benchmark. Create an awareness on discontinued prophylactic antibiotics within 24 hrs to improve the Compliance.	Dr. Rakshitha-ICO Dr. Rashmi-AMS Ms. Ranjita -Deputy Manager Quality	10-11-24	Open
8.	Safe handling of Sharps.	Only safety cannulas to be used in adult wards and ICUs to reduce NSIs. Non-safety cannulas are not issued to adult wards/ ICUs. Single use of insulin pen to be reoriented to the Staff .	Mr. Maheboob - Deputy manager Pharmacy. Ms. Anita L-CNO. Ms. Sowmya -ICN.	30-10-24	Open

Signature of the Chairperson:
Hospital Infection Control Committee

Signature of Infection Control Officer (ICO)
Hospital Infection Control Committee

Signature of the Convener:
Hospital Infection Control Committee

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WHITEFIELD HOSPITAL

HIC Committee Minutes of meeting 20th Nov- 2024

Date of Meeting: 20th Nov -2024
Venue: A Block Conference Room
Time: 2:30 PM – 03:30 PM

Agenda:

- Review of previous minutes of meeting.
- HIC Indicators Oct-24.
- Hospital Infection control Surveillance activities.
- Notifying the Suspected or infected patients to multidisciplinary team.
- Health education handouts to the patients on devices.
- Open Discussion

Members present at the Committee meeting:

1. Dr. Ajith Kumar A.K- Lead Consultant Critical Care Unit
2. Dr. Rakshitha - Consultant Microbiologist and ID
3. Dr. Rashmi N.P- AMS
4. Dr Topoti Mukherjee- Lead consultant nephrology
5. Dr Latish Kumar- Lead consultant NICU
6. Dr Prabhakar- Lead Consultant Surgery
7. Dr Srinivasa Murthy- Lead consultant Paediatrics
8. Dr. Suchismitha Rajamanya-Lead Consultant, Internal Medicine
9. Dr Aravinda A- Paediatric ER Lead consultant
10. Dr. Ajay- Consultant Anaesthesiology
11. Ms. Anita L-CNO
12. Ms. Sowmya- M N- ICN
13. Ms. Ranjitha –Assistant Manager Quality
14. Ms. Stella M-ACNO
15. Dr. Soumya- Clinical pharmacologist
16. Mr Sanjay KB - Support services
17. Mr Suresha gouda- Asst. Manager Engineering & Maintenance
18. Mr Kantharaj- CSSD in charge.
19. Ms. Usharani M- Nurse Officer -Quality.
20. Ms. Sreelaksmi -Executive BME

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HIC Committee Minutes of meeting 20th Nov- 2024

Sl No	Discussion point / Department	Action Plan	Responsibility	Timeline
1.	Review of previous minutes of meeting	In use Bedside equipment found rust after using a while. BME team confirmed that few rusted trolleys will be taking back from Manufacturer and replacing by good medical quality trolleys (304 grade).	Mr. Mr. Augustine-purchase Mr. Ragesh -BME	10-12-24
		Committee suggested that if any malfunction or deviation of the quality from the product end users must give feedback via form to the pharmacy. The form must share to the end users by purchase team	Mr. Somanna - Deputy manager SCM.	30-12-24
		Committee suggested session on Surgical prophylaxis from Dr. Anup warrior, to create an awareness on discontinued prophylactic antibiotics within 24 hrs to improve the Compliance.	Dr. Rakshitha-ICO Dr. Rashmi-AMS	10-12-24
2.	Quality indicators presentation	*HAIs-There were no incidence of VAP reported However, there was SSI, CAUTI & CLABSI. Discussed the details of these cases to the committee. *Bundle compliance for CAUTI, CLABSI, VAP & SSI were within benchmark. Reasons for gaps were discussed. Committee suggested to continue ground training and continuous feedback to concerned staff as and when non-compliance is seen. *Average Multi Drug Resistant Organism Rate was 0.7%. * The average Percentage of cases Surgical antibiotics prophylaxis been discussed, and the committee noted the details presented.	HIC Team	30-11-24

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HIC Committee Minutes of meeting 20th Nov- 2024

6.	Flu vaccine shot to the high-risk employees.	The committee has proposed to vaccinate the high-risk employees against flu on the Purchase cost. Vaccine should made available in the pharmacy who is willing to avail the vaccine on subsidised rate. HR team to take a lead on FLU Vaccination drive to get list who is willing to get vaccine by July/Aug every year.	Mr. Shivaprasad -Deputy Manager-HR Mr Arun Kumar -COO Dr. Rashmi-AMS	10-12-24
7.	Safe handling of Sharps.	Due to non-availability of 500ml Puncture proof container, HIC team is planning to introduce 1.5 ltr Puncture proof container with tray, after confirmation with Arun sir.	Mr. Augustine- purchase	10-12-24
8.	Oncology surgery team member to add in HICC	Committee suggested to include Oncology surgery team in the HIC Committee.	Ms. Ranjita - Assistant Manager Quality	30-11-24

Signature of the Chairperson:
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

Signature of Infection Control Officer (ICO)
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

Signature of the Convener:
Hospital Infection Control Committee
Aster Whitefield Hospital
Bangalore

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TRAINING ATTENDANCE SHEET

Topic: BMW management

Name of the Trainer: Sanjay

Signature of the Trainer:

Training Venue: H.K office

Date of training: 22/3/24

Duration of training: 6S

No:	Name of the employee	Employee Id:	Designation	Department	Signature
1.	Swapna Rani		H.K	Support service	Swapna
2.	Patanjay		"	"	Patanjay
3.	Pelasa		"	"	Pelasa
4	Avijit		"	"	Avijit
5	Ravi		"	"	Ravi
6	shanmukan		"	"	Shanmuga
7	Hemavathi		"	"	Hemavathi
8	shekshavali		"	"	sekshavali
9	Lakshmamma		"	"	ಲಕ್ಷ್ಮಮ್ಮ
10	Ram		"	"	ರಾಮ್
11	Prakash		"	"	Prakash
12	Krishna		"	"	Krishna
13	Nagesh		"	"	ನಾಗೇಶ್
14	Mayaki		"	"	ಮಾಯಕ್ಕಿ
15	Kanyan		"	"	Kanyan

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TRAINING ATTENDANCE SHEET

Topic:

Name of the Trainer:

Signature of the Trainer:

Training Venue:

Date of training:

Duration of training:

No:	Name of the employee	Employee Id:	Designation	Department	Signature
1.	Hanthi Rai		B.K	Support service	Hanthiraj
2	Yallapa		"	"	Yallapa
3	Venkata Lakshmi		"	"	venkatalakshmi
4	Kasthuri		"	"	Kasthuri
5.	Bhagya		"	"	Bhagya
6	M. Seena		"	"	Maseena
7	Shiva		"	"	Shiva
8	Shantha		"	"	Shantha
9	Chandra		"	"	Chandra
10	Rualin		"	"	Rualin
11	Soniya		"	"	Soniya
12	Sulochana		"	"	Sulochana
13	Vicky		"	"	Vicky
14	Pradeep		"	"	Pradeep
15	Radhna. M		"	"	Radha

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TRAINING ATTENDANCE SHEET

Topic:	
Name of the Trainer:	
Signature of the Trainer:	
Training Venue:	
Date of training:	
Duration of training:	

No:	Name of the employee	Employee Id:	Designation	Department	Signature
1.	Pathil		H.K	Supportservice	Pathul
2.	Shai Ali		"	"	Shaik Ali
3.	Renuka		"	"	Renuka
4	Dilip		"	"	Dileep
5	Harichandra		"	"	harichandra
6	Komala		"	"	komala
7	Chanchal Kanti		"	"	chan
8	manjula		"	"	manjula
9	Roja		"	"	R
10	mounesh		"	"	mou
11	Jasintha		"	"	Jasintha
12	Venkatesh		"	"	venkatesh
13	Venkatesh		"	"	Ven
14	Kumari		"	"	Kumari
15	Rathna. G		"	"	Rathna

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TRAINING ATTENDANCE SHEET

Topic:

Name of the Trainer:

Signature of the Trainer:

Training Venue:

Date of training:

Duration of training:

No:	Name of the employee	Employee Id:	Designation	Department	Signature
1.	Selvamani		H.K	Support service	Selva
2.	Kamala		"	"	Kamala
3.	Padmavathi		"	"	[illegible]
4.	Shivamma		"	"	Shivamma
5.	Punitha		"	"	Punithan
6.	Vani		"	"	[illegible]
7.	Tejimala		"	"	[illegible]
8	Niranjan		"	"	niranjan
9.	Nirmala		"	"	Nirmala
10	Bilu		"	"	Bilu
11	Ashithosh		"	"	Ashithosh
12	Manju Devi		"	"	manjuDevi
13	Yashoda		"	"	Yashoda
14	Diganta		"	"	Diganta
15	Abdul		"	"	Abdul

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TRAINING ATTENDANCE SHEET

Topic:	
Name of the Trainer:	
Signature of the Trainer:	
Training Venue:	
Date of training:	
Duration of training:	

No:	Name of the employee	Employee Id:	Designation	Department	Signature
1.	Rajina		H.K	Supportservice	Rajina
2.	Ziaul		"	"	Ziaul
3.	Amaravathi		"	"	Amaravathi
4.	Arathi		"	"	Arathi
5.	Rahman		"	"	Rahman
6.	Aniket		"	"	Aniket
7.	Radhanna		"	"	Radhanna
8.	shanjib		"	"	shanjib
9.	Venkatesh		"	"	venkatesh
10.	Ruben		"	"	Ruben
11.	Jyothi		"	"	Jyothi
12	Saddam		"	"	Saddam
13	Gowri		"	"	Gowri
14.	Sony		"	"	Sony
15.	Hussain		"	"	Hussain

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TRAINING ATTENDANCE SHEET

Topic:

Name of the Trainer:

Signature of the Trainer:

Training Venue:

Date of training:

Duration of training:

No:	Name of the employee	Employee Id:	Designation	Department	Signature
1.	mala		H.K	Supportservice	Mala
2.	Kasim		"	"	Kasim
3.	chandan		"	"	chandan
4.	Rahul		"	"	Rahul
5.	mithilesh		"	"	mithilesh
6.	Avanish		"	"	Avanish
7.	mamatha		"	"	mamatha
8.	Rajanna		"	"	Rajama
9.	Lalitha		"	"	Lalitha

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TRAINING ATTENDANCE SHEET

Topic: Biomedical waste management

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Behind support service office

Date of training: 01/04/26

Duration of training: 30 mins

No:	Name of the employee	Employee Id:	Designation	Department	Signature
1	Kumari	10920	HK	HK	Kumari
2	Shantha	11855	—	—	Shantha
3	Punithamma	11741	—	—	Punithamma
4	Sudha	N/J	— " —	—	Sudha
5	Soniya	11603	—	—	Soniya
6	Ramakrisha		—	—	Ramakrisha
7	Komala	11863	— " —	—	Komala
8	Kasturi	11852	—	—	Kasturi
9	Bhagya	11805	—	—	Bhagya
10	Riya		— " —	—	Riya
11	Punithamma	11741	—	—	Punithamma
12	Kamalamma	11722	—	—	Kamalamma
13	Narayanswamy	20745	— " —	—	Narayanswamy
14	Venkatalakshmi	11783	—	—	Venkatalakshmi
15	Abijith	11860	— " —	— " —	Abijith

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TRAINING ATTENDANCE SHEET

Topic: Biomedical waste management

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Research Support Service Office

Date of training: 01/04/24

Duration of training: 30 minutes

No:	Name of the employee	Employee Id:	Designation	Department	Signature
16	Rajanna	RSS546	Tech	Tech	Raj
17	Sivamma	11840			Siva
18	Hemavathi	11898	"	"	Hemavathi
19	Bavani	19662			Bavani
20	Jothi	18578	"	"	Jothi
21	Gopaldas	11908			Gopal Das
22	Manjulamma	RSS511	"	"	Manjula
23	Sanjiv	GO19660			Sanjiv
24	Hetilesh	GO18476	"	"	Hetilesh
25	Chandan	GO18479			Chandan
26	Vicky	11774			Vicky
27	Santosh	11914	"	"	Santosh
28	Lalitha	RSS566			Lalitha
29	Kamala	11863			Kamala
30	Riya		"	"	Riya

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TRAINING ATTENDANCE SHEET

Topic: BMW Management

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Basement Support service office

Date of training: 01/04/24

Duration of training: 30 minutes

No:	Name of the employee	Employee Id:	Designation	Department	Signature
32	[illegible]	G01 8307	HC	HK	Mala
33	Bhaggyashree	11805		—	Bhagyashree
34	Shashikala	G01 7790		—	Shashikala
35	Laxman [illegible]	11898		—	[illegible]
36	[illegible]	G01 8624	— 11 —	—	[illegible]
37	PUTUL	11856		—	PUL
38	[illegible]	RSS 511		—	[illegible]
39	[illegible]	11722		—	[illegible]
40	Mamatha	RSS 501		—	Mamatha
41	[illegible]		— 11 —	—	[illegible]
42	RAHUL KUMAR	G01 8478		—	[illegible]
43	Suresh Kumar.M	G01 9951		—	[illegible]
44	Deepa [illegible]	11861		—	[illegible]
45	Chandrakala	11865		H	
46	Suresh	G01 9951	— 11 —	H.K	Suresh

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TRAINING ATTENDANCE SHEET

Topic: BMW Management

Name of the Trainer:

Signature of the Trainer:

Training Venue: Resident support service

Date of training: 01/04/24

Duration of training: 30 Minets

Sr:	Name of the employee	Employee Id:	Designation	Department	Signature
47	Sugguna	1183	HK	HK	Sug
48	Radhamma	GIO 19659	—	—	Radha
49	Kasturi	11852	—	—	Kasturi
50	Rajana	RSS 546	—	—	Rajanna
51	Sanjiv	GIO 19660	—	—	Sanjiv
52	Yasodha	GIO 20164	—11—	—	Yasodha
53	Kumari	10920	—	—	Kumari
54	Roja	11832	—	—	ROJA
55	Mamatha	RSS 565	—	—	Mamatha
56	Manjula.m	11819	—11—	—	Manjula
57	Sudha	N/J	—	—	Sudha
58	Monesh	1099	—	—	Monesh
59	Sanjiv	GIO 19660	—	—	Sanjiv
60	Rajanna	RSS 546	—	—	Rajanna
61	Praveen	RSS 516	—11—	—	Praveen

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TRAINING ATTENDANCE SHEET

Topic: Biomedical waste management

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Research support service office

Date of training: 01/04/24

Duration of training: 30 minute

Sr.	Name of the employee	Employee Id:	Designation	Department	Signature
62	Manjulamma	RSS 511	HK	HK	
63	Rupa	N/J	"	"	Rupa
64	Sangeeta	1183			
65	yashoda	GIO 20164	— " —	— " —	
66	Narayanappa	1835	"	"	
67	Soniya	11603			
68	Shashikala	GIO 11790	— " —	— " —	
69	Shain	11838	"	"	
70	Sarfa	RSS 547			
71	Kumari	10920	— " —	— " —	Kumari
72	Vani	11255			Vani
73	Manjula	GIO 19954			
74	Sushila	GIO 020748	— " —	— " —	Ravi
75	Ravi	11896			
76	Kumari	10920	— " —	— " —	Kum

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TRAINING ATTENDANCE SHEET

Topic: Biomedical waste management

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Research support service office

Date of training: 01/04/20

Duration of training: 30 minutes

No	Name of the employee	Employee Id	Designation	Department	Signature
77	Bilu	GO 20161	HK	HK	
78	Chandan	GO 18479	"	"	
79	Rahul Kumar	GO 18478			
80	Sri Kumar	11857	"	"	
81	Jothi	GO 18578	"	"	
	Mamatha	RSS 565			
	Rajiya	R 542	"	"	
	Ramika	11839			
	Suresh	19951	"	"	
	Dilip Kumar	11861			
	Tejunal	20297	"	"	
	Ashutosh	20162			
	Nirajan	20293	"	"	
	Ram prasath	20746			
	Rama Krishna	N/J	"	"	

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TRAINING ATTENDANCE SHEET

Topic: BMW management - Hard waste

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Research Support Service

Date of training: 15/05/24

Duration of training: 30 minutes

No:	Name of the employee	Employee Id:	Designation	Department	Signature
16	Jothie B	018578	HK	Hlo	
17	Monika	11903			
18	Maju Das	511	— " —	— " —	
19	HAMSAVENI	11898			
20	PUJUL ROY	11856			
21	Nirmala	20296	— " —	— " —	
22	Subarasia	11909			
23	GHOSH	018212			
24	Jyothi	018578	— " —	— " —	
25	Nasrima	20296			
26	Padmavathamma	11738			
27	Rojuna	642	— " —	— " —	
28	Lakshmi P	11901			
29	Nirmala	20296			
30	Rajya	2028	— " —	— " —	

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TRAINING ATTENDANCE SHEET

Topic: BMW management Biomedical Disposal Practice

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Research support service office

Date of training: 15-05-24

Duration of training: 30 minutes

No:	Name of the employee	Employee Id:	Designation	Department	Signature
1	Chachal kanthi	11865	HK	HK	Chachal
2	Alli	11861	-11-	HK	Alli
3	Deelp Kumar		-11-	11	Deelp Kumar
4	Depanraj	18835	HK	11	Dhanpur
5	Rajana	546	-11-	11	Rajan
6	Chadan kumar	18479	11	11	Cha
7	Rama	2955	11	11	
8	Shanthi	12500	11	11	Shanthi
9	Gayathri	11911	11	11	Gayathri
10	Lakshmma	11901	11	11	Lakshmma
11	Rajina	546	11	11	Rajina
12	Sakeena	531	11	11	Sakeena
13	Kumari	10920	11	11	Kumari
14	Jothi B	T078	-11-	11	Jothi
15	Shashikla	10 18212	11	11	Shashikla

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TRAINING ATTENDANCE SHEET

Topic: BMW mangement

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Begur support service office

Date of training: 15/03/24

Duration of training: 30 minutes

No:	Name of the employee	Employee Id:	Designation	Department	Signature
31	Sugana	[illegible]	HK	HD	
32	Rajiya	017165			
33	Kumari	10920			Kumari
34	Sanumuga	11897	-11-	-11-	Sanu
35	Ramakrishna	11905			
36	Sri Kumar	11857			
37	Abdul	017162	-11-	-11-	Abd
38	Rathana	N/J			Rathana
39	Tapan	527	-11-	-11-	Tapan
40	Rajana	546			Raja
41	Sanjiv	19660			Sanjiv
42	NarayanPPa	1835			Naray
43	Gayatri.S	11911	-11-	-11-	Ga
44	Radhamma	19659			Radhama
45	Basamma	569			Basam

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TRAINING ATTENDANCE SHEET

Topic: BMW management

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Basement support Service

Date of training: 15/03/24

Duration of training: 30 minutes

No:	Name of the employee	Employee Id:	Designation	Department	Signature
46	lakshmma	11901	HK	HK	
47	Tapan	527			
48	Rajiya	542			
49	Rajya	542	—11—	—11—	
50	Komala	11863			
51	Soniya	11803			
52	Kamalamma	11722			
53	Kasturi	11852	—11—	—11—	
54	Tejunal	20297			
55	Sancunga	11897			
56	Ravi. K	11896	—11—	—11—	
57	Sayin	11838			
58	Rajanna	546			
59	Basamma	569			
60	Yasodha	20164	—11—	—11—	

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TRAINING ATTENDANCE SHEET

Topic: BMW waste management

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Basement support service

Date of training: 15-03/24

Duration of training: 30 minutes

No:	Name of the employee	Employee Id:	Designation	Department	Signature
62	Seguna	N/J	HK	HK	
63	Punithamma	11741		—	
64	Ravi. K	11896		—	Ravi
65	Narayanswamy	N/J	—11—	—	
66	Sanjiv	11601		—	
67	Monika	19954	—11—	—	
68	Balaji	19662		—	
69	Praveen	21026	—11—	—	
70	Yallappa			—	
71	Rathnamma.K	11801	—11—	—	
72	Hemavathi	11898		—	
73	Chikkamma	502		—	
74	Lalitha	566		—	
75	Manjulamma	511		—	
76	Mamatha	501	—11—	—	

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TRAINING ATTENDANCE SHEET

Topic: BMW Management

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Basement support service

Date of training: 15/03/24

Duration of training: 30 minutes

No:	Name of the employee	Employee Id:	Designation	Department	Signature
77	[illegible]		HK	HK	[illegible]
78	Ravindra	17165			Ravindra
79	Praveen	516			Praveen
80	Abijith	12665			Abijith
81	Sanjiv	12471	-11-	-11-	S.
82	Rathanmma	11536			[illegible]
83	Yallppa				Yallppa
84	Soniya	11603	-11-	-11-	Soniya

Aster

TRAINING ATTENDANCE SHEET

Topic: BMW Management Biomedical Waste

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Research support service office

Date of training: 15/05/24

Duration of training: 30 Minutes

No:	Name of the employee	Employee Id:	Designation	Department	Signature
1	SONU KUMAR	18889	— " —	HK	SONU
2	Basamma	569	— " —	"	Basava
3	Mamatha	501	"	"	
4	Ruslim	542	"	"	
5	MARATHI. S	18642	— " —	"	
6	Swapna Rani	541	— " —	"	
7	Habib B	18578	— " —	"	Habib B
8	Mandeep			"	
9	PAVI.K	11896	— " —	"	
10	Chandan	11802		"	
11	Harish chinnappa	11864	— " —	"	
12	Komaky	11863		"	Komaky
13	[illegible]	541	— " —	"	
14	[illegible]	541	— " —	"	
15	Pooja			"	

Aster

TRAINING ATTENDANCE SHEET

Topic: BMW Management

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Basement support service office

Date of training: 15/05/20

Duration of training: 30 min to 45

No:	Name of the employee	Employee Id:	Designation	Department	Signature
16	Kumari	10920	HK	HK	Kumari
17	A.G.maula	18307			
18	Nirmala	20296	— " —	— " —	Nirmala
19	Manjula	511			
20	Pradeep	11802			
21	Niranjan	20293			
22	Yashodha	20164			
23	Umadevi		— " —	— " —	
24	Rajeeva	17165			
25	Eraj	545			
26	Dilip	11861			
27	Chandru	18479			
28	Zirvul	18395	— " —	— " —	
29	Avidesh				
30	Divay		— " —	— " —	

Aster

TRAINING ATTENDANCE SHEET

Topic: BMW management Biomedical Waste Management

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Research Support Service Office

Date of training: 15/05/24

Duration of training: 30 minutes

No:	Name of the employee	Employee Id:	Designation	Department	Signature
31	Arunesha	—	H K	HK	
32	Anjana.	11903		"	
33	Sapna.	—	— " —	"	
34	Pathanjaya.	11908		"	
35	Chandrani	19479		"	
36	Rahul	18478	— " —	"	
37	Riya.	—		"	
38	manjula.	511	H.K	"	
39	Sushma.	11773		"	
40	Rukhsana	17025	— " —	"	
41	ramesha.	501	SUP	S/P	
42	Ravi	11896	H/K	"	
43	Somu kumar	18889	H/K	"	
44	Harichandra	11864	H/K	"	
45	Mounika	11903	H/K	"	

Aster
WOMEN & CHILDREN

TRAINING ATTENDANCE SHEET

Topic:	BMW management
Name of the Trainer:	Venkatesh
Signature of the Trainer:	
Training Venue:	Belement Support Service Office
Date of training:	15/05/24
Duration of training:	30 mins

No:	Name of the employee	Employee Id:	Designation	Department	Signature
46	Shanthi	547	HK	H.K	Shanthi
47	Rathnamma N	11801	— " —	"	
48	Renuka	11839		"	Renuka
49	Shilpa	568		"	Shilpa
50	manjudevi	20165	— " —	"	manjudevi
51	mamatha.	501		"	Mamatha
52	yashoda.	20164		"	
53	Rajanna	546	— " —	"	
54	A.L	545		H.K	A.L
55	Sanjukumar	18889		"	Sanjukumar
56	Dilipa	18861	— " —	"	Dilip
57	Chandran	18479		"	Chandran
58	Mahesha.	18476		"	Mahesha
59	Shreekumar	18889	— " —	"	Shrikumar
60	Dinesha	11862		"	Dinesha

Aster

TRAINING ATTENDANCE SHEET

Topic: Basic Management

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Research Support Service office

Date of training: 15/05/20

Duration of training: 30 minutes

Sr.	Name of the employee	Employee Id:	Designation	Department	Signature
61	Venkatesh	19953	HR	Supportser	
62	[illegible]	11902			
63	Saravana	11894	— " —	— " —	
64	Basavaraj	569			
65	Sathish	18899			
66	Sreenath	19951	— " —	— " —	
67	[illegible]	11907			
68	Vinay	11255			
69	Padmavathi	11738	— " —	— " —	
70	Venkatesh	10774			
71	Shanth	18624			
72	Boyathuri	569	— " —	— " —	
73	Bellam	20161			
74	Hari Chandra	11864			
75	Sapram	11907	— " —	— " —	

Aster

TRAINING ATTENDANCE SHEET

Topic: BMW Management

Name of the Trainer: Venkatesh

Signature of the Trainer:

Training Venue: Research support Servo.

Date of training: 15/05/24

Duration of training: 30 minutes

No:	Name of the employee	Employee Id:	Designation	Department	Signature
76	Chandrakant	11865	HR	Support Serv	Chan
77	Anu	545			Anu
78	Deepika Ku	11861	— " —	— " —	Deepika
79	Gopinath	1885			Gopi
80	Pappu	N/J	— " —	— " —	Pappu
81	Chandrakanth	18479			Chandra
82	Santosh	547	— " —	— " —	Santosh
83	Tapeesh	527			Tapeesh
84	Manjula	11819	— " —	— " —	Manjula
85	Sahana	531			Sahana
86	Jayanth		— " —	— " —	Jayanth
87	Ajeeth	18212			Ajeeth
88	Jothish	18578	— " —	— " —	Jothish
89	Lakshmi	11783			Lakshmi
90	Ravi	11902	— " —	— " —	Ravi