



ANNUAL REPORT (2018)

[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 :	MEDICAL OFFICER
	(ii) Name of HCF or CBWTF :	JUBILANT LIFE SCIENCES LTD. (OHC)
	(iii) Address for Correspondence :	BLOCK - 133, VILLAGE - SAMLAYA, , SAMLAYA-391520, Dist: Vadodara , Tal: Savli
	(iv) Address of Facility :	Samvedna Bmw Incinerator Plot No. 217/1,Chandrapura Ind.Estate,Halol, Dist: PANCHMAHAL-8
	(v) Tel. No, Fax. No :	9426747669
	(vi) E-mail ID :	viralkumar_pastagia@jubl.com
	(vii) URL or Website :	www.jubl.com
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 22.5233, Long: 73.2824
	(ix) Ownership of HCF or CBWTF :	Private
	(x)Status of Authorization under BMW Rules:	Auth No: BMW-331395, Valid Upto: 12/31/2075
	(xi) Status of Consent under Water, Air Act :	Consent No: , Valid Upto: 1/1/1900

Type of Health Care Facility

2	(i) Bedded Hospital	0	
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	OTH-Other	
2	(iii) License number and its date of expiry	BMW-331395 & 31/12/2075	

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

4	(i) Yellow Category	4.805	
4	(ii) Red Category	0.100	
4	(iii) White Category	0.05	
4	(iv) Blue Category	0.120	

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

5	(i) Details of the on-site storage facility	NA	
5	(ii) Treatment Facility	CHM-Chemical Disinfection (chemical treatment)	
5	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum	NA	
5	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Samvedna Bmw Incinerator	

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.	NA
---	--	-----	----

Details trainings conducted on BMW

7	(v) Whether standard manual for training is available	No.	
7	(vi) Any other information	NA	



ANNUAL REPORT (2018)

Details of the accident occurred during the year

8	(iii) Remedial Action taken (Please attach details if any)	NA	
8	(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 meet the standards?	No.	NA
9	Details of Continuous online emission monitoring systems installed	NA	
11	Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ?	No.	NA
12	Any other relevant information	NA	

Certified that the above report is for the period from

Date:

Place:

Name and Sign of The Head of HCF

MEDICAL OFFICER