



ANNUAL REPORT (2024)

[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 :	Mr. Ravindra Kumar, Facility Manager
	(ii) Name of HCF or CBWTF :	Gujarat Cancer Society Medical College Hospital & Research Centre
	(iii) Address for Correspondence :	opp. DRM office, Nr. Chamunda bridge, naroda road, Ahmedabad-380025, Dist: Ahmedabad, Tal: Ahmedabad
	(iv) Address of Facility :	POLLUCARE Biomedical MangmtI Pvt Ltd (KALOL) Plot No-79,VILLAGE MOTI BHOYAN,Kalol, Dist: GANDHINAGAR-0
	(v) Tel. No, Fax. No :	7096969018
	(vi) E-mail ID :	ravindra.kumar@gcsmc.org
	(vii) URL or Website :	Not Available
	(viii) GPS coordinates of HCF or CBWTF:	Leti: 23.0507, Long: 72.6260
	(ix) Ownership of HCF or CBWTF :	Trust
	(x) Status of Authorization under BMW Rules:	Auth No: BMW-363531, Valid Upto: 1/29/2028
	(xi) Status of Consent under Water, Air Act :	Consent No: BAWH-125125, Valid Upto: 1/29/2028

**Type of Health Care Facility**

2	(i) Bedded Hospital	1000	
2	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	ANA-Anaesthesiology	
2	(iii) License number and its date of expiry	41011	

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

4	(i) Yellow Category	2183	
4	(ii) Red Category	2728	
4	(iii) White Category	67	
4	(iv) Blue Category	1041	
4	(v) General Solid Waste	16200	

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

5	(i) Details of the on-site storage facility	Enclosed room are available	
5	(ii) Treatment Facility	CHM-Chemical Disinfection (chemical treatment) , CUT-Cutting	
5	(iii) Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum.	0.000	
5	(iv) No. of vehicles used for collection and transportation of biomedical waste	1	
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	POLLUCARE Biomedical MangmtI Pvt Ltd (KALOL)	

**BMW management committee**

6	Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period	Yes	we follow all the guidelines of GPCB as well as AMC.
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**Details trainings conducted on BMW**

7	(i) Number of trainings conducted on BMW Management	47	
7	(ii) Number of Personnel trained	248	
7	(iii) Number of personnel trained at the time of induction	140	
7	(iv) Number of personnel not undergone any training so far	0	
7	(v) Whether standard manual for training is available	Yes	
7	(vi) Any other information	NA	

**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 atch details if any)	NA	
8	(iv) any Fatality Occurred , details	NA	

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

10	Bio-Medical waste generated for Yellow Category & Quantity	2183	
10	Bio-Medical waste generated for RED Category & Quantity	2728	
10	Bio-Medical waste generated for White Category & Quantity	67	
10	Bio-Medical waste generated for Blue Category & Quantity	1041	
15	Member of CBWTF ? if Yes Name of CBWTF And Validity of CBWTF Membership	POLLUCARE Biomedical MangmtI Pvt Ltd (KALOL)	

**Certified that the above report is for the period from**

**Date:**

**Place:**

**Name and Sign of The Head of HCF**

**Ravindrakumar**

Mr. Ravindra Kumar, Facility Manager