



EMD/C-27/325/18
June 22, 2018

Shubhanand Mukesh
Head Environment Management

MEMBER SECRETARY

Jharkhand State Pollution Control Board
T.A. Division Building, HEC Campus, Dhurwa
RANCHI - 834004

Subject: Submission of Annual Report for the year 2017 of Tata Main Hospital, Tata Steel Limited, Jamshedpur under Bio-Medical Waste Management Rules, 2016

Dear Sir,

This has reference to the captioned subject. This is to inform you that we are submitting herewith the Annual Report for the year 2017 of Tata Main Hospital, Tata Steel Limited, Jamshedpur under rule 13 of Bio-Medical Waste Management Rules, 2016 for your kind consideration.

We trust you will find the report in order.

Thanking you

Yours Faithfully
For Tata Steel Limited

Shubhanand Mukesh
Shubhanand Mukesh
Head, Environment Management

Encl: Annexure-I & II

Copy to: Regional Officer, ✓ Jharkhand State Pollution Control Board,
Jamshedpur ✓



TATA STEEL LIMITED

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Registered Office Bombay House 24 Homi Mody Street Fort Mumbai 400 001
Tel 91 22 66658282 Fax 91 22 66657724
Corporate Identity Number L27100MH1907PLC000260 Website www.tatasteel.com

Form - IV

(See rule 13)

ANNUAL REPORT

[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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier		
	(i) Name of the authorised person (occupier or operator of facility)	Air Marshal (Retd.) Dr. Rajan Chaudhry	
	(ii) Name of HCF or CBMWTF	Tata Main Hospital	
	(iii) Address for Correspondence	Northern Town, Bistupur, Jamshedpur-831001	
	(iv) Address of Facility	Tata Main Hospital, Tata Steel Ltd., Jamshedpur.	
	(v) Tel. No, Fax. No	0657-2224559, 0657-2423525	
	(vi) E-mail ID		
	(vii) URL of Website	www.tatamainhospital.com	
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF		(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Authorisation No.: JSPCB/HO/RNC/BMW-1661053/2017/40 dt. 12.11.17.valid up to 31.12.20.
	(xi). Status of Consents under Water Act and Air Act		PC/JSR/Air/T-45/04 dt. 22.12.15. Valid up to 31.12.20.
2.	Type of Health Care Facility	Multi Super Speciality Hospital	
	(i) Bedded Hospital		No. of Beds: 914
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day 4. Quantity of waste generated or disposed in Kg per annum (on
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis & Yearly)	Yellow Category :3480.5 kg	Yellow Category: 41766 kg
		Red Category :2723.4kg	Red Category:32681kg
		White :1231kg	White Category: 14770kg
		Blue Category :2769.75kg	Blue Category:33237kg
		General Solid waste:	General Solid waste:
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility	:	Colour code d bins, covered trolley, Incinerator, Autoclave, Plastic Shredder, Ash Pit, Needle Burner, ETP etc.
	(i) Details of the on-site storage facility	:	Size :
			Capacity :
			Provision of on-site storage : (cold storage or any other provision)
	(ii) Disposal facilities	:	Type of treatment Equipment: Incinerator, Autoclave, Plastic Shredder, ETP No of units: One each Capacity: ETP of 100KLD Kg/day: 50kg/hr Quantity Treated or disposed in kg per annum Incinerators Plasma Pyrolysis Autoclaves Microwave Shredder Needle tip cutter or destroyer- Sharps encapsulation or concrete pit -Deep burial pits: Chemical disinfection: - Any other treatment equipment:
	(iii) Quantity of recyclable wastes sold authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)
	(iv) No of vehicles used for collection and transportation of biomedical waste	One	
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Ash – 48.5 kg/month on average basis	Quantity generated Where disposed Incineration Ash ETP Sludge	

	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	
	(vii) List of member HCF not handed over Bio-medical waste.	:	
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.(ii) number of personnel trained(iii) number of personnel trained at the time of induction(iv) number of personnel not undergone any training so far(v) whether standard manual for training is available? (vi) any other information)	Every concerned employee undergoes training on BMW before joining the hospital. Also refreshers training are being conducted on monthly basis for nursing & housekeeping staffs with 100% coverage. Standard manual for training is available.	
8.	Details of the accident occurred during the year	:	
	(i) Number of Accidents occurred	NIL	
	(ii) Number of the persons affected	NIL	
	(iii) Remedial Action taken (Please attach details if any)	N/A	
	(iv) Any Fatality occurred, details.	NIL	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	:	
	Details of Continuous online emission monitoring systems installed	:	
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	:	
12.	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

01.01.2017. to 31.12.2017

Date: 22/06/2018

Place: Jamshedpur



Shubhanand Mukesh

Signature of the Head of the Institution

Encl: Annexure-I &II

**Tata Main Hospital, Jamshedpur
Details of Bio Medical Waste Generation (2017)**

Category	Type of Waste (kg)	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	2017
Yellow	(a) Human Anatomical Waste:	258	270	345	285	346	295	315	360	285	312	354	335	3760
	(b) Animal Anatomical Waste :	0	0	0	0	0	0	0	0	0	0	0	0	0
	(c) Soiled Waste:	2379	2480	2270	2180	2454	2660	2485	2780	3143	3485	3370	3185	32871
	(d) Expired or Discarded Medicines:	0	0	0	0	0	0	0	0	0	0	0	0	0
	(e) Chemical Waste:	0	0	0	0	0	0	0	0	0	0	0	0	0
	(f) Chemical Liquid Waste:	72	70	71	72	70	72	74	69	71	72	69	69	851
	(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid.	8	12	15	14	15	12	16	5	6	7	1	5	116
	(h) Microbiology, Biotechnology and other clinical laboratory waste:	371	385	370	381	377	385	451	167	220	380	319	362	4168
	Sub Total (Yellow)	3088	3217	3071	2932	3262	3424	3341	3381	3725	4256	4113	3956	41766
Red	Contaminated Waste (Recyclable)	2143	2365	2300	2220	2647	2857	2580	2869	3185	3185	3210	3120	32681
	Sub Total (Red)	2143	2365	2300	2220	2647	2857	2580	2869	3185	3185	3210	3120	32681
White (Translucent)	Waste sharps including Metals:	1444	1686	1800	1816	1505	1565	1637	835	998	878	202	404	14770
	Sub Total (White)	1444	1686	1800	1816	1505	1565	1637	835	998	878	202	404	14770
Blue	(a) Glassware:	1807	2178	2326	2566	2574	2268	1946	2237	2370	2640	2737	2088	26730
	(b) Metallic Body Implants	500	385	457	589	352	512	294	453	400	570	373	522	6507
	Sub Total (Blue)	2370	2563	2783	3155	2956	2780	2240	2690	2770	3210	3110	2610	33237
	Other Solid Waste	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total Waste (Kg)	9045	9831	9954	10123	10370	10626	9798	9775	10678	11529	10635	10090	122454

BIOMEDICAL WASTE MANAGEMENT COMMITTEE- ACTION LOG 22/03/18 Annex.II

MEMBERS- DR K P DUBEY, DR AMIT ROY, DR MINAKSHI GUPTA, Sr MARYKUTTY BABU, KUMAR LILANAND

SL. NO	ASSIGNED ACTION/ISSUES	OWNERS	ASSIGNED DATE	PLAN DUE DATE	STATUS	COMMENTS
1	Labelling of waste bags with ward/site of generation	Kumar Lilanand	11/1/2012	12/1/2012	CLOSED	
2	Maintenance of records while collecting BMW	Steward Office	11/1/2012	11/15/2012	CLOSED	Regularly checked by Dr Minakshi, Kumar Lilanand
3	Maintenance of record of waste received from other hospitals	Birender (supervisor)	11/1/2012	11/15/2012	CLOSED	records maintained.
4	Placing separate blue bags for disposing saline bottles	Sister Marykutty Babu	15/11/12	15/12/12	CLOSED	
5	Ensure use of needle burners for burning as well as cutting syringe hubs	Sr Marykutty	15/11/12	15/12/12	CLOSED	Burning not recommended by NABL
6	procurement of scissors for wards to cut tubes before disposal	Kumar Lilanand	15/11/12	12/15/2012	CLOSED	Though procured but NS/DNS not ready to mutilate tubes before discard.
8	conduct training class for nurses	Sr Marykutty	26/04/13	NA	CLOSED	
9	Training of Dressers about waste disposal	Sr Marykutty	26/04/13	NA	CLOSED	Classes taken for both IC and BMW by Sr Chandra and Dr Minakshi,
10	Training for RARE group	Kumar Lilanand, Dr Minakshi	26/04/13	NA	CLOSED	
11	Training for doctors	Dr Srividhya, Dr Minakshi	26/04/13	NA	CLOSED	
12	providing all wards with checklist for waste disposal and ensuring their maintenance	Sr Marykutty	14/06/13	18/06/13	CLOSED	3 wards visited daily and records with ICN
13	getting certificate for vacutainers to be incinerated from BD	Dr Minakshi	14/06/13	28/06/13	CLOSED	
14	Resolving issue for glove disposal (incinerated or shredded)	BMW Team	8/23/2013	8/30/2013	CLOSED	Autoclaved within linen , then chopped
15	Autoclave efficiency testing with chemical indicator and spore strips	Dr Minakshi	23/08/13	23/09/13	CLOSED	done with signaloc, spore strips to be used once in a month,
16	Documentation of authority and its review	Kumar Lilanand	23/08/13	NA	CLOSED	Authorisation renewed till aug'2016, consent expire on dec, to be applied for.
17	Procurement of BMW hazard stickers for buckets	Kumar Lilanand	23/08/13	9/23/2013	CLOSED	
18	BMW hazard stickers to be collected by Sr Chandra, and pasted on buckets	Sr Marykutty	16/10/13	20/10/13	CLOSED	
19	Daily cleaning and dis infection of autoclave/shredder room	Birender (supervisor)	10/16/2013	11/16/2013	CLOSED	Shade constructed, instruction given for daily cleaning, has to be monitored.
20	Daily record of quantum of waste generated each ward-incineration/autoclave/sharps for burial	Birender (supervisor)	10/16/2013	12/30/2013	CLOSED	
21	Emails to be send to different hospitals for following BMW disposal rules	Dr K P Dubey, Dr Amitav Mitra	1/16/2014	1/20/2014	CLOSED	mails send, non compliance from MTMH.

22	Hindi version of waste disposal poster to be pasted along with english, with clear instructions.	Dr Minakshi, Kumar Lilanand	1/16/2014	3/16/2014	CLOSED	reviewed on 30.08.14, document to be with drawn from dcs and rectified practice to be included along with infn cntrl manual.
23	Review of existing BMW disposal protocol	BMW Team	1/16/2014	2/16/2014	CLOSED	
24	Immunisation of workers at incineration site	Dr Minakshi, Kumar Lilanand	3/20/2014	NA	CLOSED	
25	Repair of incinerator.	Kumar Lilanand	5/7/2014	7/7/2014	CLOSED	
26	Installation of new heavy duty shredder.	Kumar Lilanand, Dr Minaksh, Dr Amitav Mitra	5/7/2014	NA	CLOSED	PR raised., Enquiry refloatoed for quotations.
27	BMW document to be withdrawn and inclusion of corrected procedure in infn cntrl manual	Dr Srividhya, Dr Minakshi	30.08.14	4.09.14	CLOSED	
28	Separating bmw area from rest of the hospital.	K Lilanand, Dr J Lakshmi Pd	12/24/2015	3/24/2016	CLOSED	
29	New BMW protocol to be incorporated in DCS, replacing the old one (2016)	Dr Srividhya, Dr Minakshi	26.4.16	15.5.16	CLOSED	
30	Training and implementn of new protocol	Dr Srividhya, Dr Minakshi	26.4.16		CLOSED	
31	Cost implications to be worked upon for implementn of BMW 2016	K Lilanand, Dr J Lakshmi Pd	26.4.16	30.4.16	CLOSED	
32	Floor in shredder/autoclave room to be renovated	K Lilanand	26.04.2016	24.03.2016	CLOSED	
33	Wards to be informed about their respective bmw compliance percentage	Dr Minakshi Gupta	4.2.16	25.2.16	CLOSED	
34	Labelling of waste bags with ward/site of generation non uniform-markers to be made available for writing on bags	K Lilanand	19.10.16	19.11.16	CLOSED	
35	SCG presentn on 21.01.17	Dr Minakshi Gupta	19.01.17	21.01.17	CLOSED	
36	Non availability of Red plastics	K Lilanand	12.04.17	19.04.17	CLOSED	
37	Mails to be sent to blood bank regarding new bmw rules	Dr Minakshi Gupta	20.09.17	21.09.17	CLOSED	