

**Form – IV**  
(See rule13)  
**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 authorized person (occupier or: operator of facility)  | : | Mr. Raj Prakash   |
|       | (ii) Name of HCF :<br>Name of CBMWTF:  | : | Siemens Healthcare Pvt. Ltd.<br>M/s Prajwal BMW management systems<br>( A unit of V V Incin solutions Pvt Ltd)  |
|       | (iii) Address for Correspondence   | : | Siemens Healthcare Private Limited,<br>Gold Hill Supreme Software Park II, East Tower<br>21,22, 27 & 28, Electronic City Phase II, Bengaluru – 560100 |
|       | (iv) Address of Facility   | : | Siemens Healthcare Private Limited,<br>Gold Hill Supreme Software Park II, East Tower<br>21,22, 27 & 28, Electronic City Phase II, Bengaluru – 560100 |
|       | (v) Tel. No, Fax. No   | : | Tel – 6192 1001   |
|       | (vi) E-mail ID   | : | raj.prakash@siemens-healthineers.com  |
|       | (vii) URL of Website   | : | <a href="https://www.siemens-healthineers.com">https://www.siemens-healthineers.com</a>   |
|       | (viii) GPS coordinates of HCF or CBMWTF  | : | 12°50'44.8"N 77°40'42.2"E – HCF   |
|       | (ix) Ownership of HCF or CBMWTF  | : | Private Limited Company   |
|       | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules   | : | Authorization No:16/ PCB/RO/BMN/BMW-2022-23/17/326<br>Valid up to: one time permanent authorization dated on-<br>16-05-2022                           |
|       | (xi). Status of Consents under Water Act and Air Act   | : | Valid up to: 30.06.2023   |
| 2     | Type of Health Care Facility   | : | Clinic  |
|       | (i) Bedded Hospital  | : | No of Beds: nil   |
|       | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | Clinic  |
|       | (iii) License number and its date of expiry  | : | NA  |
| 3     | Details of CBMWTF  | : | M/s Prajwal BMW management systems<br>(A unit of V V Incin solutions Pvt Ltd)   |





|                     |  |                                |   |                 |  |
|---------------------|--|--------------------------------|---|-----------------|--|
|                     | (i) Number healthcare facilities covered by :<br>CBMWTF                              | :                              | 1   |                 |  |
|                     | (ii) No of beds covered by<br>CBMWTF   | :                              | NIL   |                 |  |
|                     | (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 or disposed in Kg per annum (on monthly average basis)   | :                              | Yellow Category:287.70kgs/year                                      |                 |  |
|                     |  | :                              | Red Category: 119kg/year  |                 |  |
|                     |  | :                              | White: 4kg/year   |                 |  |
|                     |  | :                              | Blue Category: 1kg/year   |                 |  |
|                     |  | :                              | General Solid waste: nil  |                 |  |
| 5                   | Details of the Storage, treatment, transportation, processing, and Disposal Facility |                                |   |                 |  |
|                     | (i) Details of the on-site storage facility  | :                              | Size:   | NA              |  |
|                     |  | :                              | Capacity:   | NA              |  |
|                     |  | :                              | Provision of on-site storage: (cold storage or any other provision) | NA              |  |
| Disposal facilities | :  | Type of treatment equipment    | No of Units   | Capacity Kg/day | Quantity treated or disposed in kg per annum |
|                     | :  | Incin287erators                | N/A   |                 |  |
|                     | :  | Plasma Pyrolysis               | N/A   |                 |  |
|                     | :  | Autoclaves                     | N/A   |                 |  |
|                     | :  | Microwave                      | N/A   |                 |  |
|                     | :  | Hydroclave                     | N/A   |                 |  |
|                     | :  | Shredder                       | N/A   |                 |  |
|                     | :  | Needle tip cutter or destroyer | N/A   |                 |  |

|   |   |               |  |                    |                |  |
|---|---|---------------|--|--------------------|----------------|--|
|   |   | :             | Sharps encapsulation or concrete pit                                       | N/A                |                |  |
|   |   | :             | Deep burial pits   | N/A                |                |  |
|   |   | :             | Chemical disinfection  | N/A                |                |  |
|   |   | :             | Any other treatment equipment:   | N/A                |                |  |
|   | (iii) Quantity of recyclable wastes sold to 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  | :             | 1  |                    |                |  |
|   | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum        | :             | N/A  | Quantity Generated | Where disposed |  |
| : |   | Incineration: |  |                    |                |  |
| : |   | ETP Sludge    |  |                    |                |  |
|   | (vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of               | :             | M/s Prajwal BMW management systems (A unit of V V Incin solutions Pvt Ltd) |                    |                |  |
|   | (vii) List of member HCF not handed over bio-medical waste.   | :             | N/A  |                    |                |  |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | :             | NO   |                    |                |  |
| 7 | Details trainings conducted on BMW  | :             |  |                    |                |  |
|   | (i) Number of trainings conducted on BMW Management   | :             | 2  |                    |                |  |
|   | (ii) number of personnel trained  | :             | 4  |                    |                |  |
|   | (iii) number of personnel trained at the time of induction  | :             | 4  |                    |                |  |
|   | (iv) number of personnel not undergone any training so far  | :             | 0  |                    |                |  |

|    |   |   |                 |
|----|---|---|-----------------|
|    | (v) whether standard manual for training is available?  | : | Yes             |
|    | (vi) any other information)   | : |                 |
| 8  | Details of the accident occurred during the year  | : | NIL             |
|    | (i) Number of Accidents occurred  | : | NIL             |
|    | (ii) Number of the persons affected   | : | NIL             |
|    | (iii) Remedial Action taken (Please attach details if any)  | : | NOT APPLICABLE. |
|    | (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?     | : | N/A             |
|    | Details of Continuous online emission monitoring systems installed  | : | N/A             |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?                   | : | N/A             |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | : | N/A             |
| 12 | Any other relevant information  | : | N/A             |

Certified that the above report is for the period from: January 2022 to December 2022

Raj Prakash  

Name and Signature of Authorised person of the facility

Date: 13.06.2023

Place: Bengaluru