



To,
The Regional Officer,
Uttar Pradesh Pollution Control Board (UPPCB),
Regional Office,
Beta- 2, Greater Noida,
Gautam Budh Nagar, Uttar Pradesh.

Subject: Submission of Annual Biomedical Waste (BMW) Report

Respected Sir/Madam,

With due respect, this is to submit the Annual Biomedical Waste (BMW) Report of Sarvodaya Hospital, Greater Noida, for the applicable reporting year, in compliance with the provisions of the Biomedical Waste Management Rules, 2016 and its subsequent amendments.

The enclosed Annual BMW Report contains detailed information regarding:

- Form IV (Annual Biomedical Waste Report)
- Category-wise generation of biomedical waste
- BMW Segregation & Color Coding Compliance Record
- Details of the authorized Common Biomedical Waste Treatment Facility (CBWTF)
- Annual quantity of biomedical waste disposed
- Training Records of Staff on Biomedical Waste Management
- Biomedical Waste Management Committee Members List
- Minutes of Meeting (MOM) of BMW Management Committee
- Needle Stick Injury (NSI) Record

Overall compliance status as per statutory requirements

We kindly request you to accept the submitted report and acknowledge the same.

Thanking you.

Yours faithfully,

Authorized Signatory

Name: **MANAV ARORA**

Designation: **UNIT HEAD**

Sarvodaya Hospital, Greater Noida

Contact No.: **9355925083**

Date: **02/01/2026**

Place: Greater Noida



02/01/2026
क्षेत्रीय कार्यालय,
उत्तर प्रदेश प्रदूषण नियंत्रण बोर्ड,
ग्रेटर नोएडा।

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)	:	Dr.Ritu W. Rawat
	(ii) Name of HCF or CBMWTF	:	Sarvodaya Hospital
	(iii) Address for Correspondence	:	Sarvodaya hospital Greater Noida West (UP)
	(iv) Address of Facility	:	
	(v) Tel. No, Fax. No	:	18003131414
	(vi) E-mail ID	:	info@sarvodayahospital.com
	(vii) URL of Website	:	www.sarvodayahospital.com
	(viii) GPS coordinates of HCF or CBMWTF	:	Ostron electronics privet limited.
	(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.:28480594 valid up to ...31/12/2029,.....
	(xi). Status of Consents under Water Act. and Air Act	:	Valid up to:31/12/2026
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 220
	(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	:	17994078 DOE: 24/07/2027
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	N/A
	(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 monthly average basis)	:	Yellow Category : 8756kg/annum Yellow cytotoxic: 8kg/annum Red Category : 15264kg/annum White: 554kg/annum Blue Category : 2519kg/annum General Solid waste: 1130Kg/Month																																																	
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) MOU with synergy waste (LTD).																																																	
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment Equipment</th><th>No</th><th>Cap./Kg</th><th>Quantity Kg/ann.</th></tr> </thead> <tbody> <tr> <td>Incinerators</td><td></td><td></td><td></td></tr> <tr> <td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr> <tr> <td>Autoclaves</td><td></td><td></td><td></td></tr> <tr> <td>Microwave</td><td></td><td></td><td></td></tr> <tr> <td>Hydroclave</td><td></td><td></td><td></td></tr> <tr> <td>Shredder</td><td></td><td></td><td></td></tr> <tr> <td>Needle tip cutter or destroyer</td><td></td><td>- NA</td><td></td></tr> <tr> <td>Sharps encapsulation or concrete pit</td><td></td><td>- NA</td><td>MOU with synergy waste (LTD).</td></tr> <tr> <td>Deep burial pits:</td><td></td><td></td><td></td></tr> <tr> <td>Chemical disinfection:</td><td></td><td></td><td>MOU with synergy waste (LTD).</td></tr> <tr> <td>Any other treatment equipment:</td><td></td><td>- NA</td><td>MOU with synergy waste (LTD).</td></tr> </tbody> </table>		Type of treatment Equipment	No	Cap./Kg	Quantity Kg/ann.	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer		- NA		Sharps encapsulation or concrete pit		- NA	MOU with synergy waste (LTD).	Deep burial pits:				Chemical disinfection:			MOU with synergy waste (LTD).	Any other treatment equipment:		- NA	MOU with synergy waste (LTD).
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) NA																																																	
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	01- MOU with synergy waste (LTD).																																																	
	(v) Details of incineration ash and ETP sludge generated and disposed	:	Quantity generated	Where disposed																																																

	during the treatment of wastes in Kg per annum		Incineration Ash: NA ETP Sludge 110Kg
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Synergy waste (LTD) Subharti medical collage campus subharti puram NH-58 Delhi Haridwar bypass road Meerut UP -250005.
	(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.		16 Number of Training conducted .
	(ii) number of personnel trained		733
	(iii) number of personnel trained at the time of induction		733
	(iv) number of personnel not undergone any training so far		NIL
	(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		25 Needle stick Injuries during procedure,during disposal and after disposal of BMW
	(ii) Number of the persons affected		25
	(iii) Remedial Action taken (Please attach details if any)		Attached
	(iv) Any Fatality occurred, details;		No
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		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		ETP All standard met.
11	Is the disinfection method or sterilization meeting the log 4		NA

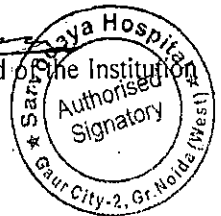
	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) NA

Certified that the above report is for the period from: 1st January 2025 to 31st December – 2025.

huyah
12/1/26

Date:
Place

Name and Signature of the Head of the Institution



Rishi
Medical Director
Sarvodaya Hospital

Sarvodaya Hospital

S.No.	MONTH	(Y) BAGS	(Y) WEIGHT	(Y) BAGS	(Y) WEIGHT	(W) BAGS	(W) WEIGHT	(Cyto) BAGS	(Cyto) WEIGHT	TOTAL BAGS	TOTAL WEIGHT		
1	Jan-2025	232	1645	173	947	38	193	23	40	0	0	466	2825
2	Feb-2025	221	1575	164	978.6	72	407	26	54.69	0	0	483	3015
3	March -2025	245	1777	177	893.6	68	350.2	25	59.91	0	0	515	3080
4	April-2025	249	1816	176	953	65	327.8	33	59.45	0	0	523	3157
5	May-2025	256	1637	175	793.2	60	270	29	34.79	2	4.39	522	2739
6	Jun-2025	252	1051	165	525.4	44	117.4	34	46.81	0	0	495	1741
7	July-2025	285	1045	171	560	67	158.5	32	46.34	0	0	555	1810
8	Aug-2025	268	1012	207	629.3	77	151.5	40	31.73	1	2.12	593	1826
9	Sep-2025	285	993.4	203	661	74	154.5	43	47.2	2	1.96	607	1858
10	Oct-2025	287	987.6	218	601.6	85	132.6	37	41.38	0	0	627	1763
11	Nov-2025	286	886.3	222	562.6	68	114.2	36	46.14	0	0	612	1609
12	Dec-2025	296	838.2	258	651.2	89	141.9	49	45.79	0	0	692	1677
TOTAL		3162	15264	2309	8756	807	2519	407	554	5	8	6690	27102



sarvodaya

HEALTHCARE Infection Control Committee

Date: 10.01.2024

Time: 3:00 pm

Location: Ubuntu

Committee Members

CHAIRPERSON

Chairperson – Dr. Ritu Rawat

PRESENTER & CONVENER

Infection Control Officer – Dr. Priyanka Sharma

COMMITTEE MEMBERS

1. Medical Director – Dr. Ritu Rawat
2. Medical Superintendent- Dr. Hema Lal
3. OT head – Dr. M. Shamin Khan
4. Orthopaedics – Dr. Anchit Uppal, Dr. Ankur
5. Critical care Medicine – Dr. Pragati Gupta
6. Pediatrics – Dr. Archana Yadav
7. Minimal Access Surgery – Dr. Prateek Vardhan
8. Pulmonology – Dr. Sapna Yadav
9. Gastroenterology- Dr. Sanjay
10. Nephrologist- Dr. Abhinav Katiyal
11. Internal Medicine – Dr. Pankaj Relan,
12. Emergency Medicine- Dr. Mohnish Tripathi
13. Radiology – Dr. Rajeev Kumar
14. Cardiology- Dr. Tushar Agarwal, Dr. Gyanti

(Signature of Infection Control Officer)

(Signature of Chairperson)



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HEALTHCARE Infection Control Committee

15. Gynaecology- Dr Astha Shrivastava, Dr. Shehla Jamal
16. Nursing Superintendent – Ms. Bibimol Jacob
17. Quality- Dr. Saroj/Ms. Anjali
18. Infection control nurse – Mrs. Ashutosh
19. Housekeeping In-charge – Mrs. Sarla Kachru
20. Maintenance In-charge- Mr. Jagjeet Ojha
21. Kitchen – Mr. Zarif
22. CSSD Incharge – Mr. Santosh/Mr. Jitendra
23. O.T. In-charge – Mr. Rajesh
24. Biomedical Engineer- Mr. Sudhanshu

FREQUENCY OF MEETING-Monthly

Agenda of the meeting:

- Updated TOR of HICC
- Action taken report of Previous HICC meeting.
- Annual HAI rates with analysis.
- Updating of Manuals.
- Particle count and Environmental surveillance for LR OT commissioning.
- Annual review of IPC program using WHO infection prevention & Control assessment tool for acute care hospitals.
- Visit to Synergy (CBMWT Plant) and Annual Report 2024 submission before June 2025.
- AMSP Committee to be a separate committee from Jan 2025.

(Signature of Infection Control Officer)

(Signature of Chairperson)

**sarvodaya****HEALTHCARE Infection Control Committee**

Following members were Present in the meeting: -

1	Dr. Ritu Rawat	9	Dr. Swapnil Shikha ✓
2	Dr. Priyanka Sharma	10	Dr. Saroj ✓
3	Dr. Hema Lal	11	Mrs. Bibimol ✓
4	Dr. Archana Yadav	12	Mr. Manish Singh Chauhan ✓
5	Dr. Pragati Gupta	13	Mr. Ashutosh ✓
6	Dr. Umar Maqbool ✓	14	Mrs. Prakashwati ✓
7	Dr. Chinmayee ✓	15	Mrs. Sarla Kachru ✓
8	Dr. Mohnish Tripathi ✓		

Review of last minutes of meeting

Discussion	Action Taken	Status
HAI data and Hand Hygiene compliance	Discussed	Ongoing process
Revision of Restricted Antimicrobials Form	New modified form is displayed in the meeting to seek approval. It will be implemented from Jan 2025.	Closed.
Hepatitis B vaccination not done for many health care workers.	HR Head is informed for the same and the same will be completed within a month.	Open

(Signature of Infection Control Officer)

(Signature of Chairperson)



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HEALTHCARE Infection Control Committee

S.No	Agenda Points	Recommendation	Responsible Person	Action taken	Expected date of completion
1	HAI indicators(Jan-Dec'24) and Hand Hygiene Compliance presentation (Oct-Dec'24)	Annual Data Presented by ICO. Hand Hygiene data discussed. Decrease in Hand Hygiene Compliance in last quarter of 2024. RCA and CAPA discussed	ICO NS IC Link Nurses	Repeated trainings to be taken for all the staff. To introduce buddy system for improving hand Hygiene compliance and focus to be more in High risk areas.	On-going (Review in next meeting)
2	Needle stick injury data analysis- (Annual data from Jan – Dec'24	NSI analysis done for the year 2025 and presented. NSI has increased in the last quarter of 2024. RCA- Lack of training and negligence	ICO/ICN/NS HK Manager	Training on NSI taken and ongoing process. Trainings to be taken by ICN for HK staff as well and Housekeeping Supervisor is also instructed to take vigorous trainings on NSI. Risk reduction goals to reduce NSI in 2025 set-up.	On-going (Review in next six months)
3	Updating of Manuals	All Manuals are in the process of updating. They will be sent to Quality Department for editing by the end of January 2025.	ICO	In process.	Review in next meeting
4	Revision of Restricted Antimicrobials Form	New modified form is displayed in the meeting to seek approval. It will be implemented from Jan 2025.	ICO, ICU Head, Clinical Pharmacologist	Clinical Pharmacologist and ICN are instructed to monitor the form.	Closed. Monitoring to be reviewed in

(Signature of Infection Control Officer)

(Signature of Chairperson)

**sarvodaya****HEALTHCARE Infection Control Committee**

					next meeting
5	Hepatitis B vaccination not done for many health care workers.	HR Head is informed for the same and the same will be completed within a month.	HR Head	All the staff to be reviewed for Hepatitis B vaccination according to the self-declaration form and if not vaccinated earlier, will be vaccinated.	Review in next meeting
6	BMW Agenda-	a) Visit to CBMWTF (at Synergy, Meerut) b) Annual Report of the year 2024 to be submitted to State Pollution Control Board before 30 th June 2025. c) Annual Report of Year 2023 to be uploaded on the Hospital Website.	ICO/HK Manager	a) To be done in the month of January 2025 b) By June 2025 c) Branding team to be updated for the same	Review in next meeting
7	Reporting of TB to Government.	According to Govt. guidelines, All the TB cases to be reported. Till now, TB cases were reported directly to CMO office. Now we have received Nikshay Portal ID and Password.	MS/ICO /MRD In-charge	All the TB cases to be reported on Nikshay Portal	Closed.
8	Annual review of IPC Program by several tools	<ul style="list-style-type: none">Annual Hand Hygiene self assessment framework.Annual review of IPC program using WHO infection prevention & Control assessment tool.	ICO	Areas of improvement discussed along with Action Plan.	On-going Process
9	Settle plate and swabs culture and Particle Count	To be done before LR OT Commissioning and KTU commissioning. Particle count to be done for LR OT	ICO/ICN	No Growth in all these samples. Particle Count report received.	Closed.

(Signature of Infection Control Officer)

(Signature of Chairperson)



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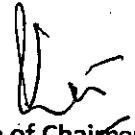
HEALTHCARE Infection Control Committee

10	Spillage Mock Drill	Spillage Mock drill to be done quarterly.	ICO/ICN/HK Manger	Non-compliance discussed and Trainings taken. More trainings to be taken on Blood spill Management.	Closed
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Members will be informed about the time scheduled and place of the next meeting.

The meeting ended with vote of thanks to the chair.


(Signature of Infection Control Officer)


(Signature of Chairperson)

**COMMITTEE
ATTENDANCE SHEET**

COMMITTEE:	HIC	CHAIRPERSON:	Dr. Lita Senapati
CONVENOR:	Dr. Priyanka Shrivastava	Venue:	UBANTU
Date:	10-01-2025	TIME:	3:00 pm
REMARKS	HIC Committee / AM		

S.No	E.Code	Name of Employee	Department	Sign
1	800211	Dr. Lita Senapati	Med Admin	[Signature]
2	800623	Dr. Priyanka Shrivastava	HK	[Signature]
3	800147	Dr. Prakash Wadhwa	OT	[Signature]
4	800452	Dr. Ashish K. Singh	Oncology	[Signature]
5	800740	Dr. Anjali Shrivastava	Quality	[Signature]
6	800766	Dr. Umair Magbool	Surgery	[Signature]
7	13495	Dr. Bittimol, Jacob	Medical Admin	[Signature]
8	801034	Dr. Saurabh Bawana	Quality	[Signature]
9	80079	Dr. Meenakshi Singh Chakraborty	Chemical, Pharmacy	[Signature]
10	800827	Dr. Swarnil Shikha	Internal Medicine	[Signature]
11	800137	Dr. Mohanish Tripathi	ER	[Signature]
12	800895	Dr. S. Chinnay	Oncotherapy	[Signature]
13	800619	Dr. Pragati Gupta	NICU	[Signature]
14	800110	Dr. Anurag Yadav	Perioperative	[Signature]
15				
16	800912	Dr. Hemen, Lal	Medical Admin	[Signature]
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HEALTHCARE Infection Control Committee

BMW committee is a subcommittee of HIC committee

- Compliant with BMW rules 2018.
- Committee members-

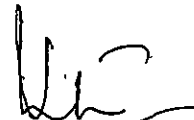
Unit Head
Medical Director
Medical Superintendent
Microbiologist
Nursing Head
Quality Head
Infection Control Nurse
House-Keeping Head
Maintenance Head
Purchase Head

- Frequency of meeting- Six monthly

ACTION TAKEN REPORT OF LAST BMW subcommittee MEETING held on 10.01.2025

Discussion	Action Taken	Status
Visit to CBMWTF(at Synergy, Meerut) to be done in the month of January 2025	Visit done by ICO and HK Head on 4.02.25	Closed
Report of 2024 to be sent before 30th June 2025.	The Annual Report will be prepared and sent before 30 th June 2025	Before 30 th June 2025


(Signature of Infection Control Officer)


(Signature of Chairperson)

Vaccination records(Hepatitis B for all staff and Tetanus vaccination for all BMW handlers)

Discussed with HK supervisor and instructed to maintain the data. ICN will overlook the data

On-going

Minutes of Meeting of subcommittee BMW Committee

BMW and/or critical	BMW Non-compliance	RCA	Corrective action
Segregation	<ul style="list-style-type: none"> Non-compliance in few areas During procedures, biomedical waste was mixed and disposed of in the procedure trolley. 	Negligence	Immediate corrective action done on site and training taken
Sharp containers	<ul style="list-style-type: none"> Protruding sharps from the inlet Filled white sharps containers were frequently found in departments and not transported to Central Storage Area (CSA) in a timely manner. Nursing staff were not using ampoule cutters, resulting in glass sharps waste scattered on the floor 	<ol style="list-style-type: none"> Due to improper closure of the lid Due to small size 	<ol style="list-style-type: none"> Training taken by ICO Informed to Purchase dept for procurement of large sharp containers (larger in height)

(Signature of Infection Control Officer)

(Signature of Chairperson)

BMW Bins

- Foot pedals of many bins are not working.
- White sharps container was found placed on the floor in the Operation Theatre (OT).

- Order for New bins already placed by HK dept.
- Informed to OT in-charge

Members will be informed about the time scheduled and place of the next meeting.

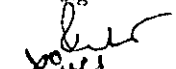
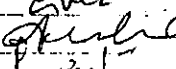

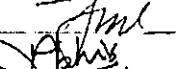
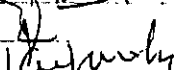
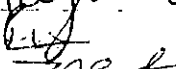

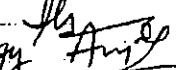

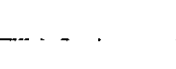
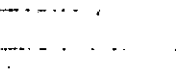

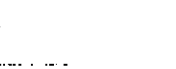
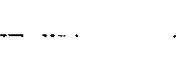
The meeting ended with vote of thanks to the chair.


(Signature of Infection Control Officer)


(Signature of Chairperson)

**COMMITTEE
ATTENDANCE SHEET**

COMMITTEE	AMSP / IPC /	CHAIRPERSON	Dr. Rity Rawat
CONVENOR	Dr. Priyanka	Venue	
Date	30-08-2025	TIME	3pm
REMARKS	AMSP / IPC		

S.No	E.Code	Name of Employee	Department	Sign
1	800211	Dr. Ritu Rawat	Med admin	
2	801029	Vivek K Singh	CCSO	
3	800140	Dr. Archana	Pediatric	
4	800619	Dr. Pragati Singh	Critical care	
5	800623	Sarla Kachau	HLK	
6	800766	Dr. Umair Nigwal	Surgery	
7	18095	Dr. Abhinav Koyal	Nephro	
8	801088	Dr. Gangesh Gungun	Neurology	
9	801247	Kathleen G. Jacob	CND	
10	800079	RAJESH KUMAR	OT	
11	800181	Zareef Ahmad	FLR	
12	801148	Deepika	Cytop	
13	800828	Dr. Shehla Jamal	OBG	
14	19565	Dr. Anjali	Clinical Pharmacology	
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