Dr. Vithalrao Vikhe Patil Foundation's
Medical College & Hospital
Opp. Govt. Milk Dairy, Vadgaon Gupta,
M.I.D.C. Ahmednagar – 414111
Web Site: www.vimsmch.edu.in
Email: - vims.anr@gmail.com

Dr. Vikhe Patil Memorial Hospital

Patient Safety Policy

All Patient Care Services staff shall use every reasonable precaution to provide a safe environment.

Specific Information

The precautions listed herein should not be considered to be all inclusive, as safe practice requires sound judgment in individual situations and constant awareness of the environment.

General Precautions

All patients shall be oriented to the clinical area(s). Orientation may include the following:

Practices considered in hospital to include in the category of patient safety practices areas follows:

- Prevention of Thrombosis
- Prevention of infection
- Use of appropriate antibiotics
- Informed Consent
- Airway clearance
- Prevention of bedsores
- Use of real time ultrasound
- Anticoagulants treatments
- Appropriate nutrition
- Prevention of Catheter related infections
- Prevention of infection while injection (I.V, I.M, S.C, I.C)
- Injection practices transfusion canula (bolus)
- Identification of patient, prescribing medication
- Disaster management
- Safe hospital design
- Prevention of entry of animals (Dogs, Rats and Cats)
- Patient falls while on Stretcher, Trolley, Wheelchair (Epilepsy, Tremor)
- Hospital staircase and Ramp
- Railing should be there in paediatric wards
- Infant swapping
- Unknown visitors
- Proper lighting
- Prevention of nuisance of mosquitos and other flys

- Safety measures while applying POP
- Loose fittings
- Safety exit plan
- Washing sink
- Room number and unit layout;
- Call light and how to request assistance;
- Bed operation;
- Visiting hours, as applicable.
- Patients wear foot coverings when out of bed. Non-skid shoes or slippers areencouraged.
- The patient care area and hall are clean, well-lighted, and free from clutter.
- The floor shall be clean and dry. Appropriate signage is in place when floor is wet.
- Furniture is in good repair.
- Patient room night lights, where applicable, are functional.
- Patient beds and treatment tables shall be kept at the lowest possibleheight except when elevated for delivery of care and when the staff member is continuously at the bedside (e.g., intensive care units).
- Supplies, machines, and equipment are stored in designated areas. Promptlyreturn equipment not in use.
- Patient care equipment is inspected and labelled by the Biomedical Electronics Department prior to initial use and according to Preventive Maintenance Schedules.
- Do not use equipment if biomedical inspection sticker is out-of-date.
- Broken or malfunctioning equipment Remove from clinical area
- Report immediately to the Biomedical Engineer

Patient Safety

Wheelchair

Walker for adult patient

Biomedical Waste Management

Dr. Vithalrao Vikhe Patil Foundation's
Medical College & Hospital
Opp. Govt. Milk Dairy, Vadgaon Gupta,
M.I.D.C. Ahmednagar – 414111
Web Site: www.vimsmch.edu.in
Email: - vims.anr@gmail.com

Dr. Vikhe Patil Memorial Hospital

1. Free-flow protection is present on all intravenous infusion pumps used in the hospital.
2. All spills are cleaned immediately according to applicable guidelines for the type ofspill.
3. Each staff member continuously assess for unsafe conditions and takesappropriate corrective action.
4. "Near misses", accidents, and occurrences (patients, visitors, and staff) areimmediately reported to HOD & Safety Officer and documented.
5. Patients are identified by using any of the following:
    - Patient ID number
    - By asking patient to identify themselves
    - By asking patient's relative
    - By Medical Record of the patient
6. Labour &Delivery and the Nurseries have special identification requirementsfor patients. Inborn infants are identified at birth.

Side Rails

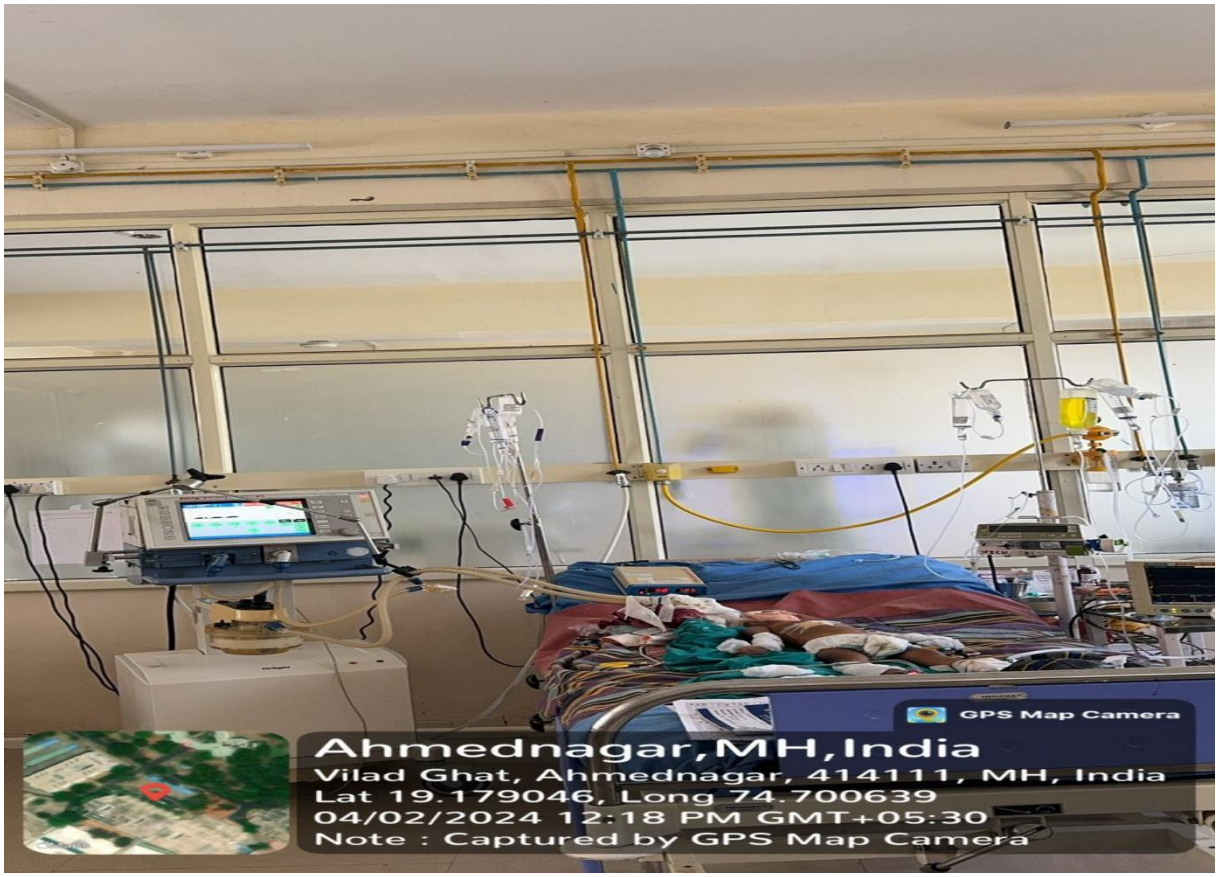
The following patients have side raised when unattended by staff:

- Those given pre-op or pre-procedural medication
- All paediatric patients in cribs


GPS Map Camera
Ahmednagar,MH,India
Vilad Ghat, Ahmednagar, 414111, MH, India
Lat 19.178854, Long 74.700742
04/02/2024 11:07 AM GMT+05:30
Note : Captured by GPS Map Camera

Side Rails

Adult Side Rails Bed



Paediatrics Bed

Neonatal Intensive Care Unit (NICU)

MICU Bed


74
94
14
GPS Map Camera
Ahmednagar,MH,India
Vilad Ghat, Ahmednagar, 414111, MH, India
Lat 19.178866, Long 74.700777
04/02/2024 11:06 AM GMT+05:30
Note : Captured by GPS Map Camera

Ventilator


5
GPS Map Camera
Pimpalgaon Malvi, Maharashtra, India
5PH2+C8Q, Vilad Ghat, Pimpalgaon Malvi, Ahmednagar,
Maharashtra 414111, India
Lat 19.178628°
Long 74.700842°
08/12/23 03:02 PM GMT +05:30
Google

Ventilator

Seizure Precautions:

Basic Precautions - observe inpatients with a history of seizure disorder.

- Oral airway available on unit;
- Side rails up and bed in low position.

High Risk Precautions - observe for patients admitted for active seizure disorder orwho experience seizures while in hospital/clinic.

- Suction equipment readily available;
- O_2 Equipment readily available.

O_2 Equipment

Dr.Vikhe Patil Memorial Hospital

Ambulation

Staff shall accompany all patients:

- For initial ambulation after surgery,
- After procedures requiring sedation,
- After prolonged bed rest, and
- ln other situations as deemed necessary and as ordered by the physician.

Transportation

- The nurse responsible for the patient determines the safest and most reasonablemeans of transporting for tests/procedures or transfer to another room or unit.


Department of Orthopaedic
Diploma in Orthopaedics (D. Ortho.) Toppers
S. N.
Name
Admission Year
1
Dr. Prashant Sanap
2007-09
Dr. Gadsingh
2008-10
2012-14
2014-16
GPS Map Camera
Ahmednagar,MH,India
Vilad Ghat, Ahmednagar, 414111, MH, India
Lat 19.179287, Long 74.699958
04/02/2024 02:45 PM GMT+05:30
Note : Captured by GPS Map Camera
Maps

Wheel Chair


GPS Map Camera
Ahmednagar,MH,India
Vilad Ghat, Ahmednagar, 414111, MH, India
Lat 19.178836, Long 74.700776
04/02/2024 11:05 AM GMT+05:30
Note : Captured by GPS Map Camera

Stretcher

Patient's Role in Promoting Safe Health Care

Patient are encouraged to become an active, involved and informed member of their health care team. Listed below are ways that the patients may be encouraged to promote their own safety.

- Patients are instructed to ask if they have questions about their health of safety.
- If the patients is having an operation, the patient is asked to verify prior to the procedure.
- The site / side of the body that will be operated on.
- If the patient's ID number is checked, before medications are given, blood products are administered blood samples are obtained or prior to an invasive procedure, the patients are asked to remind the staff.
- The patient is taught to know what medications they take and why they take them.
- Patients are instructed to adhere to the hospitals 'No Smoking Policy'.
- Patients are instructed to follow the 'patient's responsibilities.

HOSPITAL INFECTION CONTROL POLICY

DEPARTMENT OF MICROBIOLOGY

PADMASHREE DR. VITHALRAO VIKHE PATIL FOUNDATION'S MEDICAL COLLEGE & HOSPITAL VILAD GHAT, AHMEDNAGAR- 414111.

Dr. Abhijit Awari
Prof & Head
Department
of Microbiology
PDVVPF's Medical
College, Ahmednagar.

PDVVPF's Medical College & Hospital, Ahmednagar

HOSPITAL INFECTION CONTROL POLICY

Document No: HIC 01

Adapted with modifications from (South Tees Hospital NHS, UK)

STANDARD PRINCIPLES OF INFECTION CONTROL POLICY

TITLE - Standard principles of infection control policy.

SUMMARY- This document provides instruction and guidance to managers and others on how to manage Infection Control in their department. All HODs, Faculty Members, Paramedical and non-teaching staff throughout the PDVVPF's Medical College & Hospital are required to initiate action to ensure the successful implementation of the policy within their area(s) of control.

DATE OF REVIEW April 2015

APPROVED VIA

DISTRIBUTION For distribution to all wards and departments.

RELATED DOCUMENTS HIC02 – HIC36

AUTHOR(S) / FURTHER INFORMATION - Infection Prevention and Control Team

HIC 01: STANDARD PRINCIPLES OF INFECTION CONTROL POLICY

1: STANDARD PRINCIPLES OF INFECTION CONTROL POLICY

1.1 INTRODUCTION

1.2 INFECTION PREVENTION AND CONTROL TEAM MEMBERS

1.3 STANDARD PRINCIPLES OF INFECTION CONTROL

1.4 INFECTION CONTROL IN OTHER POLICIES AND PROCEDURES REFERENCES

APPENDIX A: INDEX OF HOSPITAL INFECTION CONTROL POLICIES

Infection control policies are being constantly developed and revised. If a policy is referred to and is either not available or not current, please contact the Infection Prevention and Control Team for advice.

HIC 01: STANDARD PRINCIPLES OF INFECTION CONTROL POLICY

6.1 INTRODUCTION

This policy describes the principles of infection control which have been adopted by PDVVPF's Medical College & Hospital. It applies to all areas in the College & Hospital and it must be adhered to by all staff members.

It is important to minimize the risk of spread of infection to patients and staff in hospital. This policy describes the precautions and control measures that are essential for specified diseases and infecting agents, the proper use of disinfectants, and procedures for linen and clinical waste. This policy provides an overview of infection control practice. It should be read in conjunction with the other more detailed hospital infection control policies, HIC 02 to HIC 36 (see appendix A).

Every effort has been made to simplify practices wherever possible. The contents should be regarded as a guide to best practice. The policy cannot cover all eventualities and may need to be modified in certain circumstances after discussion with the Infection Prevention and Control Team.

6.2 INFECTION PREVENTION AND CONTROL TEAM (IPCT) MEMBERS

The role of the IPCT is to implement the annual programme and policies, and provide infection control advice on a 24-hour basis. The team is responsible for the following:

- Surveillance of infections and monitoring methods of control
- Rapid identification and investigation of outbreaks or potentially hazardous procedures
- Giving advice on the management of patients with infection, particularly those in isolation
- Providing a staff training programme in infection control and auditing compliance
- Preparing the annual infection control programme and report for the Trust Board
- Preparing monthly infection control reports
- Producing and maintaining up-to-date hospital infection control policies
- Advising the Trust on Department of Health initiatives to combat healthcare associated infections

The IPCT consists of the following members:

1. Professor & Head, Dept. of Microbiology - Chairman
2. Professor & Head, Dept. of Surgery
3. Professor & Head, Dept. of Medicine
4. Professor & Head, Dept. of Anesthesiology
5. Infection Prevention and Control Nurses (IPCN) including the Head of Infection Prevention and Control (HIPC) and Clinical Lead for Infection Prevention and Control (CLIPC)
6. Secretarial and Administrative Support Staff
7. Infection Control Doctors (ICD)

HIC 01: STANDARD PRINCIPLES OF INFECTION CONTROL POLICY

The team has close links with the local Consultants for Communicable Disease Control (CCDC), and local community infection control nurses / public health nurses based in PCTs or Health Protection Units.

All staff, throughout the College & Hospital, play an important part in the control of healthcare associated infections. Staff should apply the procedures and precautions in all of the HIC policies at all times to ensure safe practice for themselves and the patient. Good clinical practice can substantially reduce healthcare acquired infections. Due to the small size of IPCT, it is not possible for its members to ensure that staff throughout the College & Hospital, comply with HIC policies. Senior staff in each Department has managerial responsibility to ensure that all of their staff follow good infection control practice and comply fully with HIC policies. Clinical directors must ensure that procedures are in place to demonstrate assurance that HIC policies are complied with.

6.3 STANDARD PRINCIPLES OF INFECTION CONTROL

The following measures are standard precautions. They should be used for all contact with patients, even if the patient is not known to have an infection. Additional precautions are required for contact with patients who require isolation (see HIC 03: isolation policy).

Wards and Clinical Areas:

- The hospital environment must be visibly clean, free from dust and soilage, and acceptable to patients, their visitors and staff.

- Where a piece of equipment is used for more than one patient, e.g. commode, bath hoist, appropriate cleaning must follow each and every episode of use.

- Statutory requirements must be met in relation to the safe disposal of clinical waste, laundry arrangements for used and infected linen, food hygiene and pest control.

- All staff involved in hospital hygiene activities must be included in education and training related to the prevention of healthcare-associated infection.

Infection Control Program

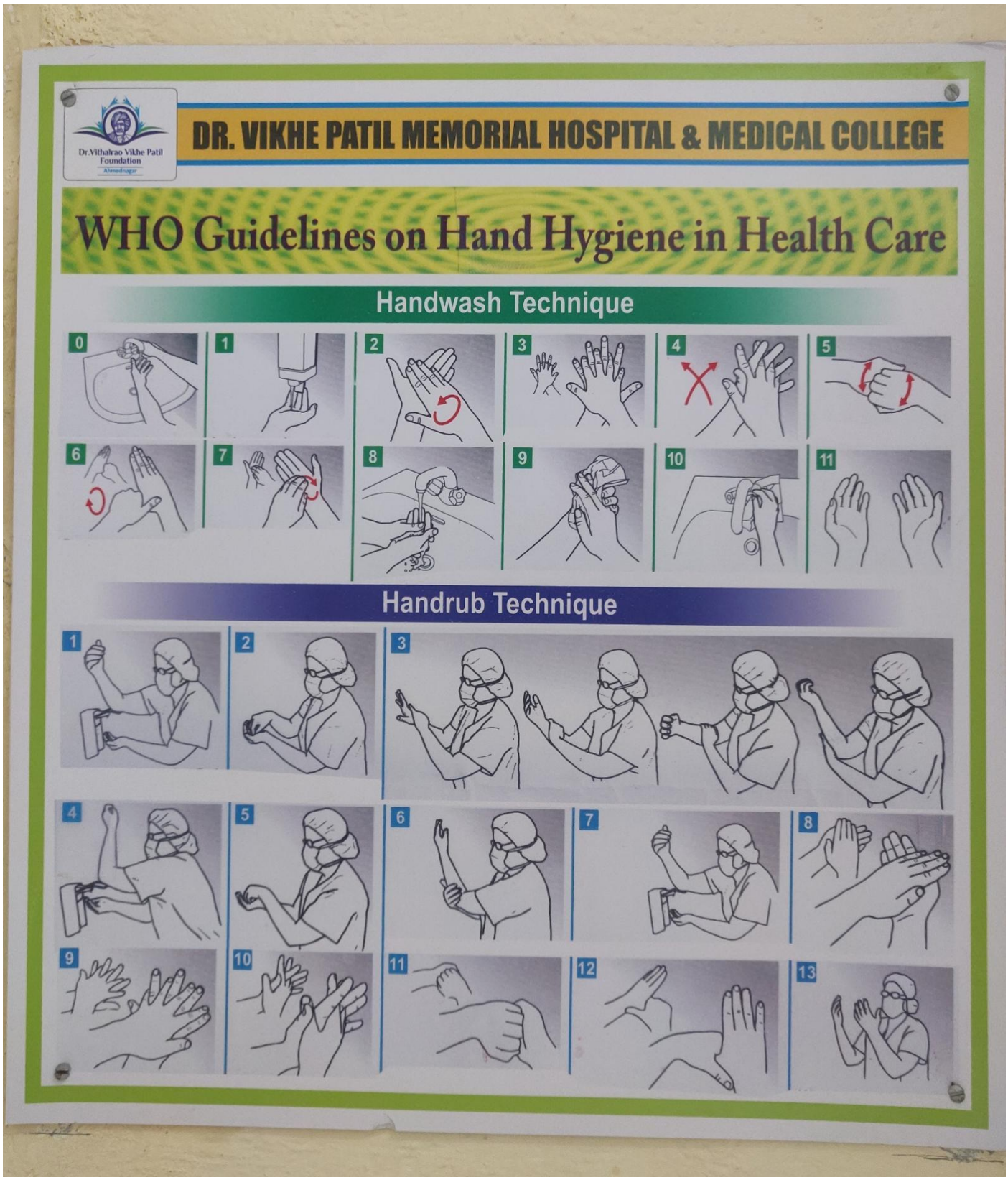
Wards and Clinical Areas

Hands Wash:

- Hands that are visibly soiled or potentially grossly contaminated with dirt or organic material must be washed with liquid soap and water.

- Hands must be decontaminated immediately before each and every episode of direct patient contact / care that involves direct contact with patients' skin, their food, invasive devices or dressings and after any activity or contact that potentially results in hands becoming contaminated.

Hand Wash


Dr.Vithalrao Vikhe Patil Foundation
Ahmednagar
DR. VIKHE PATIL MEMORIAL HOSPITAL & MEDICAL COLLEGE
WHO Guidelines on Hand Hygiene in Health Care
Handwash Technique
0
1
2
3
4
5
6
7
8
9
10
11
Handrub Technique
1
2
3
4
5
6
7
8
9
10
11
12
13

Hand Wash

HIC 01: STANDARD PRINCIPLES OF INFECTION CONTROL POLICY

- Hands should be decontaminated between caring for different patients, or between different caring activities for the same patient by applying an alcohol based hand rub or washing hands with liquid soap and water and then dried. Be aware that alcohol gels are not effective against Norwalk-like viruses or *Clostridium difficile* spores.

- Remove all wrist and hand jewelry (with the exception of a single wedding band) at the beginning of each clinical shift before regular hand decontamination begins. Cuts and abrasions must be covered with waterproof dressings.

- Effective hand washing technique involves four stages: preparation, washing and rinsing, and drying. Preparation requires wetting hands under tepid running water before applying liquid soap. The hand wash solution must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously for a minimum of 10-15 seconds, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers. Hands should be rinsed thoroughly prior to drying with good quality paper towels.
- N.B if a wedding band is worn ensure that the area under the ring is decontaminated.
- When decontaminating hands using alcohol hand rub, hands should be free of dirt and organic material. The hand rub solution must come into contact with all surfaces of the hand. The hands must be rubbed together vigorously, paying particular attention to the tips of the fingers, the thumbs and the areas between the fingers, and until the solution has evaporated and the hands are dry.
- Apply an emollient hand cream at the end of each shift to protect skin from the drying effects of regular hand decontamination. If a particular soap, antimicrobial hand wash or alcohol product causes skin irritation seek occupational health advice.

Gloves:

- Gloves must be worn for invasive procedures, contact with non-intact skin, mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions and excretions; and when handling sharp or contaminated instruments.
- Where gloves are worn as above, they should be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Hands should be decontaminated immediately before wearing gloves. Staff members should change gloves and decontaminate hands between caring for different patients, or between different care/treatment activities for the same patient.

- Gloves must be disposed of as clinical waste and hands should be decontaminated following the removal of gloves.

HIC 01: STANDARD PRINCIPLES OF INFECTION CONTROL POLICY

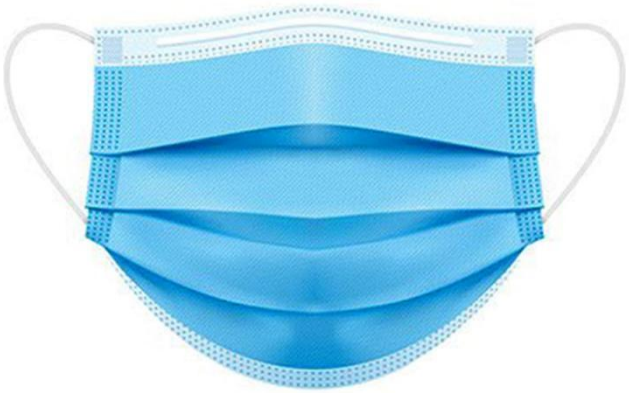
- Gloves conforming to Standards and of an acceptable quality must be available in all clinical areas.
- Alternatives to natural rubber latex gloves must be available for use by practitioners and patients with latex sensitivity.
- Neither powdered nor polythene gloves should be used in healthcare activities.
- Gloves should also be worn by staff in contact with the environment of a person requiring source isolation. This includes activities such as bed-making, lifting and handling of the patient and room cleaning.

Aprons:

- Disposable plastic aprons must be worn whenever there is a risk that clothing or uniforms may become exposed to blood, body fluids, secretions and excretions, with the exception of sweat. This includes for routine bed-making. They must also be worn when coming into contact with the environment of a patient colonized with MRSA (or other infections requiring isolation).
- Plastic aprons must be worn as single use items for a procedure or single episode of patient care and then disposed of as clinical waste.
- Full body repellent gowns should be worn where there is a risk of extensive splashing of blood, body fluids, secretions and excretions, with the exception of sweat, onto the skin of healthcare practitioners.

Face, Eye and Respiratory Protection:

- Face masks and eye protection (e.g. goggles or visors) should be worn where there is a risk of blood, body fluids, secretions and excretions splashing into the face and eyes.
- Appropriate respiratory protective equipment must be used when directed by the infection prevention and control team.



Gloves, Apron, Face Mask and Eye Protection Goggles

Sharps:

- Sharps must not be passed directly from hand to hand and handling should be kept to a minimum.
- Needles must not be bent or broken prior to use or disposal.
- Needles and syringes must not be disassembled by hand prior to disposal.
- Needles must not be re-sheathed.
- Single use vacutainer barrels/ disposable syringes must be used.
- Once a sharps container is full, secure the container and record the name and date of closure on the container.
- Used sharps must be discarded into a sharps container (conforming to UN3291 and BS7320 standards) at the point of use. These must not be filled above the mark indicating that they are full. Containers in public areas must not be placed on the floor and should be located in a safe position. Temporary lids must always be closed after use.

Sharps

Needle Disposal

HIC 01: STANDARD PRINCIPLES OF INFECTION CONTROL POLICY

6.4 INFECTION CONTROL IN OTHER POLICIES AND PROCEDURES

Infection Control aspects are present in many other policies and procedures, and this manual cannot therefore be all inclusive. The Infection Prevention and Control Team has had input to many of these other policies and procedures, and should be contacted for advice when new or revised versions are being considered.

Reference

Pratt RJ, Pellowe C, Loveday HP, Robinson N. (2000) The Development of National Evidence-based Guidelines for Preventing Hospital-acquired Infection in England. Thames Valley University, London

HIC 01: STANDARD PRINCIPLES OF INFECTION CONTROL POLICY

Appendix A: Index of Hospital Infection Control policies

* HIC01 Infection control policy
* HIC02 Smallpox policy
* HIC03 Isolation policy
* HIC04 Blood – borne virus and inoculation incident policy
* HIC05 Tuberculosis policy
* HIC06 Meningococcal disease policy
* HIC07 Gastrointestinal infections and food poisoning policy
* HIC08 Chickenpox policy
* HIC09 Rabies and rabies- related viruses policy
* HIC10 Viral haemorrhagic fevers policy
* HIC11 Scabies policy
* HIC12 Methicillin-resistant
* Staphylococcus aureus policy
* HIC13 Creutzfeldt – Jakob Disease policy
* HIC14 Hand Hygiene policy
* HIC15 Invasive group A streptococcal infection policy
* HIC16 Prevention of infection from visitors, volunteers and work experience pupils policy
* HIC17 Communicable diseases in staff and immunisation of staff againstdisease policy
* HIC18 Antibiotic policy
* HIC19 Decontamination policy
* HIC20 Preventing central venous catheter associated infections policyHIC21 Preventing urinary catheter associated infections policy
* HIC22 Linen policy

* HIC23 *Clostridium difficile* policy
* HIC24 Endoscope decontamination using automated endoscope reprocesses policy
* HIC25 Infection prevention and control in children policy
* HIC26 Animals and pets in hospital policy
* HIC27 Hospital outbreak policy
* HIC28 Pathology specimen collection and transport policy
* HIC29 Surveillance for healthcare- associated infections policy
* HIC30 Legionnaires' disease policy
* HIC31 Avian influenza A H5 policy
* HIC32 Severe acute respiratory syndrome policy
* HIC33 Infection prevention and control audit policy
* HIC34 Prevention of surgical site infections
* HIC35 Prevention of hospital- acquired pneumonia
* HIC36 Insertion and Care of Peripheral Intravenous Cannula andrelated devices

For More Informative Guidelines Visit

http://www.southtees.nhs.uk/live/defa ult.a sp?a=14

Protocol For
Needle Stick Injury

DEPARTMENT OF MICROBIOLOGY

PADMASHREE DR. VITHALRAO VIKHE PATIL FOUNDATION'S MEDICAL COLLEGE & HOSPITAL VILAD GHAT, AHMEDNAGAR- 414111.

Dr. Abhijit Awari
Prof & Head
Department of Microbiology
DVVPF's Medical College, Ahmednagar.


DEPARTMENT OF
MICROBIOLOGY
TUTOR
NEEDLE STICK INJURY
WHAT IS A NEEDLESTICK?
• Needlestick and Sharp Injuries (NSIs) are accidental skin penetrating wounds caused by sharp instruments in a medical setting.
• A break of skin can be from a needle or other "sharp" such as a scalpel / glass.

POST-EXPOSURE PROPHYLAXIS- WHAT EVERY HEALTH CARE WORKER SHOULD KNOW

Col K Kapila,
Prof & Head, Dept Microbiology AFMC Pune

Most Health Care Workers working around patients or biological samples stand the risk of accidental exposure to blood and blood-borne pathogens than others in the Health-care group. (1-3). This is a compilation of established protocols for easy reference.

An exposure to infected blood, tissue or other potentially infectious body fluids can occur by either cut/needle-stick injury or contact with mucous membrane or damaged skin.

Although one may be lucky there is always a real risk that lurks behind any exposure. The risk of infection after an exposure is dependent on a number of variables. After per-cutaneous injury, the risk of infection varies with the pathogen (1-3). Dual infections are also known to occur (6).

Hepatitis B Virus: If the source patient is positive for both HBsAg and HBeAg, the risk of Hepatitis B transmission is approximately 37%-62%. If the source patient is positive for HBsAg but is HBeAg negative the risk of Hepatitis is lower- approximately 23%-37% (2, 3, 4).

Hepatitis C virus : If the source patient has Hepatitis C infection the risk of transmission is approximately 1.8% (range 0-7%) (1-3,5,6).

HIV virus: If the source patient has HIV infection, the risk of HIV transmission is approximately 0.3% after a per-cutaneous exposure and 0.09% after a mucous membrane exposure (1,7, 8).

The risk of transmission of infection is higher with i) exposure to blood especially in advanced disease ii) prolonged exposure of even non-intact skin/ mucous membrane to blood or other infectious fluid iii) cut with a contaminated device drawing blood and v) injury with a hollow-bore, blood-filled needle.

The Primary steps of self-protection

Prevention of exposure in a workplace setting needs to be inculcated into every Health care provider right from the time of recruitment. A few primary preventive aspects are:

i) Wash hands thoroughly before and after patient care and after removing gloves. Commercially available antiseptic hand-gels can also be used.

ii) Use Personal Protective Equipment (PPE) such as gloves, gowns, boots, shoe-covers, eye-wear and masks as appropriate

iii) Wear gloves whenever a blood vessel is being accessed through the skin route

iv) Exercise planning, meticulous care and proper disposal of all sharps in a puncture-proof container with 1% Sodium hypochlorite solution. Do not try to recap needles as this may result in an injury.

v) In case of an accidental spill of blood or body fluid, cover the spill with disinfectant (1% Sodium hypochlorite), allow contact period of 30 min and then mop up the spill with gloved hands using absorbent material. The mops and, subsequently, the gloves need to be discarded in 1% Sodium hypochlorite and hands washed with soap and water.

All Health-care providers must be vaccinated against Hepatitis B (three doses) and get tested for the antibody response one month after completion of three doses (Anti HBs). The protective antibody level is 10 mIU/ml or 10 IU/L (2).

Steps in the event of accidental exposure:

First Step: First aid

i) Use soap and water to wash areas exposed. Do not scrub or suck on the wound. Encourage free bleeding.

ii) In exposure to mucous membrane (mouth, nose, eyes), flush exposed surface with plenty of water.

iii) There is no need of local antiseptic cream or disinfectant.

Second Step: Reporting & documentation

Reporting is usually to the Authorised Medical Attendant who will record the circumstances and details of injury, order baseline investigations of HCW and source and carry out counseling. He then starts Post-exposure prophylaxis (PEP) in consultation with the Physician. Details are endorsed in a separate register and also in the individual's Confidential Medical Record. Details of baseline and follow-up tests also need to be endorsed in the laboratory.

Details about the injury must include: a) Date, time and details of exposure b) Type and amount of biological material as well as severity of exposure.

Details about the exposure source includes: i) whether the source material is known to harbor HBV/HCV/HIV ii) if the source is positive for HBsAg then status of HBe Ag ii) if source is anti-HCV positive, HCV viral load if feasible iii) if the source patient is HIV infected, stage of the disease, absolute lymphocyte count/ CD4 cell count, HIV viral load when possible and record of antiretroviral therapy.

Details about the exposed HCW includes: a) Hepatitis B vaccination status b) If vaccinated against HBV, anti HBs antibody status c) Other medical conditions / current medications if any and d) If a lady, Pregnancy / breastfeeding.

Third step: Evaluation of the exposure

The HCW must be evaluated for potential to acquire HIV based on the type of biological material involved, route of injury and severity of exposure as shown in Fig 1 (2,3). Susceptibility to Hepatitis B will be determined by vaccination status against HBV and antibody response.

The baseline status of the HCW in terms of HBsAg, Anti HCV and Anti HIV should be carried out within 72 hours of injury (1,2).

Fourth Step: Evaluating the source of exposure

The Source status is determined by the algorithm as shown in Fig 2 (3) and baseline investigations asked for.

When source is known

- HBsAg (if positive, HBe Ag), Anti HCV (if positive, HCV load and genotyping when feasible).
- Anti HIV antibodies and, if positive, absolute lymphocyte count / CD4 count, HIV-1 load, history of antiretroviral therapy (ART) and clinical stage of disease. In individuals where outcome of therapy is poor, drug resistance should be looked for, if feasible.

At times the source individual may not be available for testing or may refuse to be tested. In such circumstances, details of medical diagnosis, clinical symptoms and H/O high risk behavior will determine administration of PEP to the exposed HCW.

When source is unknown: A measured approach is taken considering the likelihood of high-risk exposure. Testing of discarded needles etc. should not be undertaken as these can give rise to inconclusive and unreliable answers (1).

The guidelines for HIV PEP (1,3) depend on the extent of exposure and the status of source (Table 1).

Fifth Step: Specific management by Post exposure prophylaxis

It is recommended that, for optimal efficacy, PEP for HIV and HBV should be commenced as soon as possible after the incident and ideally within the next one to two hours (1, 2). It is appropriate that the exposed worker be offered initial dose pending more discussions and risk assessment.

HBV exposures: PEP for HBV should be instituted immediately, preferably within 24 hours but definitely within 7 days (2, 3) following guidelines as in Table 2.

HCV exposure: At this time there are no recommendations of PEP for HCV (2). Immunoglobulin and ribavirin are ineffective. For the source, baseline testing for Anti HCV antibodies is warranted. For the exposed HCW, carry out baseline Anti HCV and ALT. Efforts should be made to know the genotype of source HCV so that therapy can be planned if required later.

HIV exposure: PEP for exposure to HIV should be started preferably within the next one hour. If delay is more than 36 hours, expert consultation is advised. PEP, when started, should continue for 28 days. Typical schedules are i) Basic 2 drug regimen appropriate for low risk exposures and ii) Expanded ³3 drug regimen for exposures with increased risk of transmission. PEP should be started and changes made subsequently as more information becomes available. If source case is found to be negative for Anti HIV and does not belong to the "high-risk" category, PEP is discontinued. When PEP is initiated, baseline serum creatinine, LFT with enzymes (ALT, AST & AP) and complete blood counts must be done. Various regimens of basic & expanded drugs are as in Table 3 (1).

Starter packs of the recommended drugs for exposure to HIV and HBV (HBV vaccine, HBIG) should be available in well-advertised places such as i) Casualty ii) Designated ward/ department and iii) Medical stores. Each pack can have doses to cover three days that will take care of weekends or holidays. All such drugs should be routinely checked for their expiry date.

Sixth step: Follow-up of HCW

Hepatitis-exposed HCW

Test for HBsAg at 6 weeks, 3 months and 6 months. If vaccinated, test for Anti HBs antibodies 1-2 months after last dose of vaccine. However, Anti HBs cannot be undertaken if HBIG has been

given within the last 6-8 weeks. The HCW is advised to use barrier precautions (condom) and refrain from donating blood/plasma/organs/tissue or semen during the follow-up period. Genotyping of Hepatitis B from source is not recommended as a routine but must be carried out where available and conveyed to the Gastroenterologist.

HCV-exposed HCW

No active prophylaxis is recommended- immunoglobulins are not effective. Interferon is not recommended for prophylaxis. Test for Anti HCV and ALT immediately of injured HCW (for baseline values) and at 4-6 weeks and at least 4-6 months post exposure; confirm repeatedly positive anti HCV ELISA results with supplemental tests (RIBA or HCV RNA).Test for HCV RNA, where facilities exist, may be done at 4 weeks for an earlier diagnosis. HCV seroconversion is known to occur silently so tests should be carried out periodically. Genotyping, where available, is helpful in planning therapy should seroconversion occur. It is known that genotype 2 and 3 are more likely to respond to therapy with pegylated interferon along with ribavirin, than genotype 1 (2).

HIV exposed HCW

Repeat HIV antibody testing at 6 weeks, 3 months and 6 months post-exposure. Symptoms of Acute Retroviral Syndrome must be borne in mind. Extended follow-up of 12 months is recommended for a HCW exposed to HIV-HCV co-infected source. When PEP is given, the HCW should be monitored for drug toxicity. Complete blood counts, serum creatinine, LFT including enzymes (AST, ALT, AP) should be repeated 2 weekly. In those receiving a Protease inhibitor blood sugar levels have to be monitored. If on indinavir (IDV) or tenofovir (TDF), tests should include urine analysis.

Adverse reactions of PEP regimen

Adverse symptoms with PEP for HIV are in the form of nausea, vomiting diarrhea and fatigue. These symptoms can be alleviated with proper counseling to take the drugs after meals, adding antiemetic, antimotility and analgesics. When symptoms are troublesome, changing the schedule to lower doses at frequent intervals may help (9). Drug-interactions must also be borne in mind (10).

Fig:-1 Algorithm to determine Exposure Code (EC) of an injury

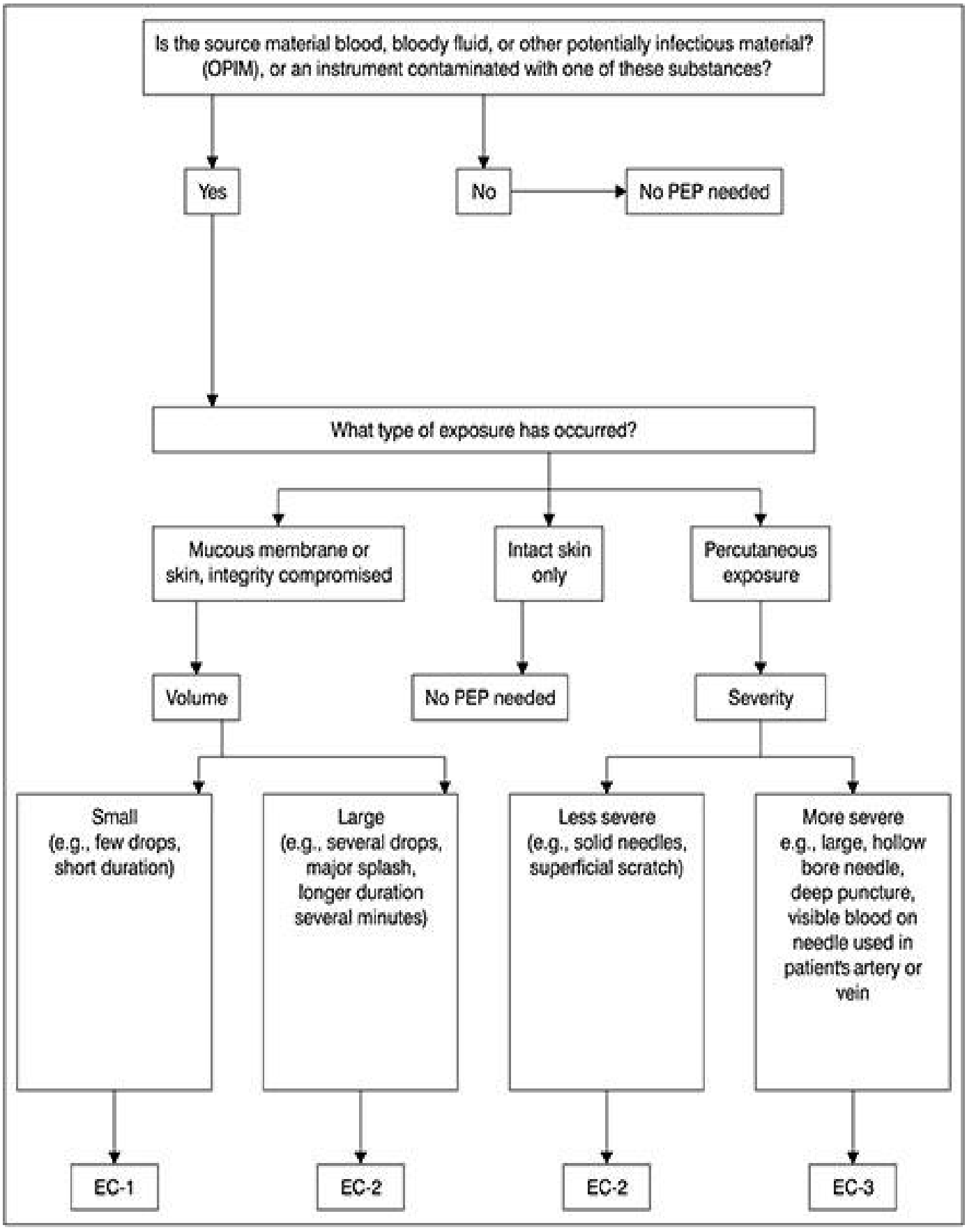
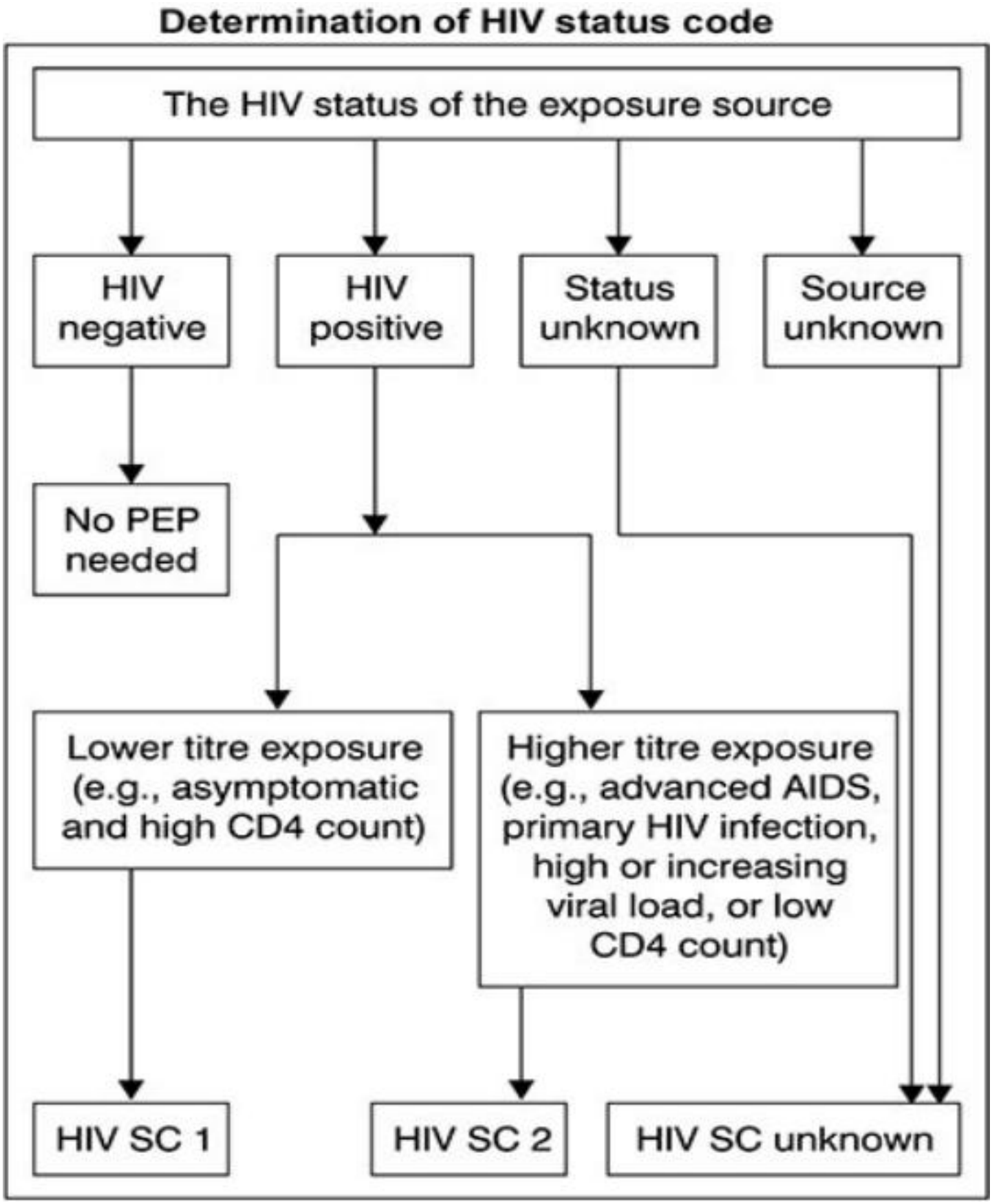


Fig:-2 Algorithm to show Determination Status Code (SC) of source



PROVISONS RELATING TO FIRE PREVENTATION AND LIFE SAFTEY MEASURES

(1) Without prejudice to the provisions of any law or the rules, regulations or bye-laws made thereunder or the National Building Code of India, 2005, relating to fire prevention and life safety measures and in operation in the State for the time being in force, the owner or where the owner is not traceable, the occupier, of a building as classified in the Schedule-I or part of any such building shall provide fire prevention and life safety measures in such building or part thereof, minimum firefighting installations as specified against such building in the said Schedule ; and the owner or, as the case may be, the occupier shall maintain the fire prevention and life safety measures in good repair and efficient condition at all times, in accordance with the provisions of this Act or the rules : Provided that, in the case of such building or part thereof the construction of which has been completed immediately before the date of commencement of this Act, the occupier, and subject to the provisions of sub-section (2), in the case of such building or part thereof which is under construction on such date, the owner, shall undertake and carry out such additional fire prevention and life safety measures, as are specified in the notice served on him under section 6. Explanation. The classification of buildings as mentioned in the Schedule-I under this section and that in Schedule-II under section 11, conforms to the classification of buildings made under the provisions of the National Building Code of India, 2005. (2) Notwithstanding anything contained in any law for the time being in force, no authority empowered to sanction the construction plan of any building or part of a building and to issue certificate of completion thereof, shall issue any certificate of completion or part completion thereof, unless it is satisfied that the owner has complied with the requirements specified in Schedule-I, or as the case may be, in the notice so served on him as aforesaid. (3) The owner or occupier, as the case may be, shall furnish to the Chief Fire Officer or the nominated officer, a certificate in the prescribed form issued by a Licensed Agency regarding the compliance of the fire prevention and life safety measures in his such building or part thereof, as required by or under the provisions of this Act, and shall also furnish to the Chief Fire Officer or a nominated officer, a certificate in the prescribed form, twice a year in the months of January and July regarding the maintenance of fire prevention and life safety measures in good repair and efficient condition as specified in sub-section (1).

(4) No person shall tamper with, alter, remove or cause any injury or damage to any fire prevention and life safety equipment installed in any such building or part thereof or instigate any other person to do so. 4. (1) The State Government may, by notification in the Official Gazette, require owner or occupier of premises in any area or of any class of premises used, which in its opinion, are likely to cause risk of fire, to take such precautions as may be specified in such notification. (2) Where such

notification has been issued, it shall be lawful for the Director or Chief Fire Officer of local authority or planning authority or any fire officer authorized either by the Director or Chief Fire Officer to direct the removal of objects or goods likely to cause the risk of fire, to a place of safety and on failure by the owner or occupier to do so, the Director or any Chief Fire Officer or fire officer may, after giving the owner or occupier a reasonable opportunity of making the representation, seize, detain or remove such objects or goods. (3) The Director or the Chief Fire Officer or any other fire officer while performing his duties in Fire Fighting operations or any other duties of seizure, detention or removal of any goods involving risk of fire may require the assistance of a police officer or members of the police force as an aid in performance of such duties and it will be the duty of police officer of all the ranks or such members to aid the Director or such fire officer in the execution of their duties under this Act. 5. (1) The Director or the Chief Fire Officer or the nominated officer may, after giving three hours notice to the occupier, or if there is no occupier, to the owner of any place or building or part thereof, enter and inspect such place or building or part thereof at any time between sunrise and sunset where such inspection appears necessary for ascertaining the adequacy or contravention of fire prevention and life safety measures : Provided that, the Director or the Chief Fire Officer or the nominated officer may enter into and inspect any such place or building or part thereof at any time if an industry is working or an entertainment is going on at such place, building or part thereof, or if it appears to him to be expedient and necessary to do so in order to ensure safety of life and property. (2) The Director or the Chief Fire Officer or the nominated officer shall be provided with all possible assistance by the owner or occupier, as the case may be, of such place or building or part thereof for carrying out the inspection under sub-section (1). (3) The owner or occupier or any other person shall not obstruct or cause any obstruction to the entry of a person empowered or authorised under this section into or upon any land or building or shall not molest such person after such entry for inspection.

(4) When any such place or building or part thereof used as a human dwelling is entered under sub-section (1) due regard shall be paid to the social and religious sentiments of the occupiers ; and before any flat, apartment or a part of such building in the actual occupancy of any woman, who, according to the custom does not appear in public, is entered under sub-section (1), notice shall be given to her that she is at liberty to withdraw, and every reasonable facility shall be afforded to her for withdrawing. (5) Where the inspection is carried out by the nominated officer under the preceding provisions of this section, he shall give a report of any such inspection to the Director and the Chief Fire Officer of the authority concerned. 6. The Director or the Chief Fire Officer or the nominated officer shall, after completion of the inspection of the place or building or part thereof under section 5, record his views on the deviations from or the contraventions of, the requirements with regard to

the fire prevention and life safety measures or the inadequacy or non-compliance of such measures provided or to be provided therein with reference to the height of the building or the nature of activities carried on in such place or building or part thereof and issue a notice to the owner or occupier of such building or part thereof directing him to undertake such measures within such time as may be specified in the notice. 7. (1) Without prejudice to the prosecution for offence of noncompliance of the notice issued under section 6, the Director or the Chief Fire Officer may, in the event of non-compliance of any such notice, take such steps including exercising the power to have the place, building or any part thereof sealed under section 8, as may be necessary for the compliance of such notice. (2) All expenses incurred by the Director or the Chief Fire Officer in relation to any steps taken by him under sub-section (1) shall be payable on demand, by the owner or occupier on whom such notice is served, and shall, if not paid within fifteen days after such demand be recoverable, without prejudice to the provisions of sub-section (3) of section 20, as if it were the arrears of tax on property and the provisions under the relevant municipal law or any other law for the time being in force and is in operation within the area of jurisdiction of the local authority or planning authority concerned for recovery of arrears of tax on property, shall apply mutatis mutandis for such recovery as they apply to the recovery of arrears of tax on property or where any such law is not so in operation then, as an arrears of land revenue. 8. (1) If the Director or the Chief Fire Officer is satisfied that due to inadequacy of fire prevention and life safety measures the condition of any place or building or part thereof is in imminent danger to person or property, then notwithstanding anything contained in this Act, or any other law for the time being in force, he shall, by order in writing, require the persons in possession or in occupation of such place or building or part thereof to remove themselves forthwith from such place or building or part thereof. (2) If an order made by the Director or the Chief Fire Officer under sub-section (1) is not complied with, the Director or the Chief Fire Officer may direct, (a) the authority responsible for supply of electricity or the authority responsible for supply of water to disconnect the supply of electricity or water, as the case may be ; (b) any police officer having jurisdiction in the area to remove such persons from such place or building or part thereof ; and such authority or police officer shall comply with such direction ; (3) After the removal of the persons under sub-section (1) or sub-section (2), as the case may be, the Director or the Chief Fire Officer shall cause such place or building or part thereof, to be sealed by such police officer forthwith. (4) No person shall remove such seal except under a written order made by the Director or the Chief Fire Officer suo motu or on an application of the owner or occupier.

Standard operating guidelines (SOGs) have been part of the fire service for many years. However, it has only been in the last decade or so that formalized, documented and, most importantly, institutionalized standard operating procedures (SOPs) have become the norm. Most fire departments have SOGs in some form, but far too many departments have no SOPs, or they have SOPs that are minimal and in desperate need of updating.

SOGs are, in their simplest form, a "how-to" guideline for firefighters to follow to achieve a desired goal. SOGs should not be viewed as rules and regulations but rather as a roadmap to achieve specific goals and objectives. SOPS, however, are formal policies that specify a firefighter's course of action, thereby ensuring efficiency, predictability, consistency, and safety for all firefighters operating on the fireground.

Firefighting is a very dynamic endeavor with many small firefighting operations occurring simultaneously in an overall effort to achieve success for the larger operation: fire extinguishment. All firefighters on the fireground, from the newest recruit to the chief, need to have a global awareness of all the activities occurring on the fireground and that each objective is achieved in a predictable manner.

As important as firefighting SOPs are to operational success on the fireground, developing standard operating procedures for the many other responsibilities that modern fire departments face is crucial as well; they respond to many types of emergencies that require the same efficiency, predictable, consistency and safety as firefighting. Fire departments are routinely called to emergencies that can seriously injure or, worse yet, kill firefighters on a daily basis all across the country. The fire service has become the agency to call for incidents like natural gas leaks, infectious diseases, violent incidents, elevator emergencies, confined space rescues, suspicious powder responses, and active shooter/mass casualty incidents, to name a few. When a fire department is facing incidents such as these, it requires an understanding of the fundamental dangers presented and the mitigation options that a well thought-out SOP can provide.

For SOPs to be effective, they must be tailored to the capabilities of the individual fire department and its resources. An SOP for a building fire in midtown Manhattan will look very different from an SOP for a building fire occurring in a volunteer fire department in rural Idaho. Even though these two SOPs will look very different, the same core components such as water supply, life safety, incident stabilization, deployment, property conservation, and so on will be addressed to ensure efficiency, predictability, consistency, and safety for all the firefighters responding. The local fire department should develop its SOPs using the many SOPs that can be found online as well as using the Occupational Safety and Health Administration regulations and National Fire Protection Association standards as a template.

Every firefighter should be given an opportunity to participate in the development of an SOP through the committee process. This participation will provide two valuable outcomes for the department. First, more ideas will flow when more people are involved. Second, the research necessary to develop an SOP will serve as a valuable training mechanism for the local fire department.

Once an SOP is developed, the next step is to ensure that all firefighters are trained on the SOP. Formal training is usually required, and that training can take the form of company drills in the firehouse or training programs developed by the department training division. SOPs are an important blueprint for all fire department operations and should be included in every

Consistency

Developing and using SOPs for emergency responses brings a sense of continuity within a fire department. Fire officers can follow the guidelines set forth in the SOP to make sound judgments at emergency scenes; incidents will be responded to and mitigated in a similar way every time. Fire companies throughout the department will respond to every building fire and follow the guidelines established in the SOP. Establishing this type of policy eliminates confusion when firefighters work in fire companies other than their assigned fire company. Equally important is that the building's fire response will also be employed for all building fire responses in the future until the response SOP is rescinded or revised. This is especially important during multiple alarm fires, where fire companies who do not normally work together find themselves operating as a coordinated team.

Safety

The safety of our firefighters is the most important consideration when operating at any emergency. Organizing and deploying firefighters at emergency incidents always involves some degree of risk. Developing SOPs in advance of an incident allows us to take the time required to research the best methods for mitigation of any emergency. We can explore various options, review historic events, collaborate with outside experts, and test out various strategies.

During the development of the SOP, we have the luxury of time to also look at any possible risk to our firefighters. This allows us to intergrade a sound safety procedure into every phase of the emergency operation. When we look at mitigating an emergency event as a series of components, we can then address any safety concerns in a much more detailed way. As we all know through experience, we should always plan using the "expect the unexpected" principle, but by taking the time to prepare an SOP, we will place ourselves in the best position possible to minimize the risk to which our firefighters will be exposed.

Every fire department should have a series of SOPs that it can call on for most of the emergency incidents to which they may respond. It is incumbent on every fire service leader to develop SOPs for their departments and to revise their SOPs on a continuous basis.

Reg. No. MAH/544/ANR/82 B.P.T. Act/F-490 (Ahmednagar)

DR. VITHALRAO VIKHE PATIL FOUNDATION

Vadgaon Gupta (Vilad Ghat), Po. M.I.D.C., Ahmednagar - 414 111 (Maharashtra)

Dr. Vithalrao Vikhe Patil Foundation Ahmednagar

Ph. No. : (0241)2778206,2779895 Tel. Fax No. : (0241) 2778043
Email : vikhef@rediffmail.com Website : pdvvpfa.org

Ref. No. DVVPFA/MCH/ESTT/2016/2663 Date : 01/08/2016

MEMORANDUM OF UNDERSTANDING

for

"E- WASTE RECYCLING AND REUSE"

between

Dr. Vithalrao Vikhe Patil Foundation's,

Medical College, College of Physiotherapy and College of Nursing.

Ahmednagar-414111

and

Industrial Training Institute,

Plot No. B-4/2, MIDC, Ahmednagar- 414111

THIS AFFILIATION AGREEMENT is entered into by and between-

Constitute Health Sciences Institutes of Dr. Vithalrao Vikhe Patil Foundation, Ahmednagar (hereinafter "Educational Institute ") and, the training institutes with various departments in Industrial area of Ahmednagar (hereinafter "ITI") Together these are the " the Parties" to this Memorandum of Understanding. The Parties agree that their respective organizations and relevant contracted agencies will endorse and adhere to this Memorandum of Understanding at all levels operations.

1.1. BACKGROUND

Electronic waste or e- waste is a term for electronic products that have become unwanted, non- working or obsolete, and have essentially reached the end of their useful life. Because technology advance at such a high rate, many electronic devices become technology advance at such a high rate, many electronic devices become "Trash" after few short years of use. As constituent institutes (Medical, Physiotherapy and Nursing), delivers educational health services to community and

DR.VITHALRAO VIKHE PATIL FOUNDATION R.No.MAH/544/ANR/82 Ahmednagar

Principal
Dr.Vithalrao Vikhe Patil Foundation's
Industrial Training Institute (Pvt.)
M.I.D.C.Ahmednagar-414111

Students Verity of E- equipments are utilized while delivering these service in the form of LCD's CPU, Mouse, Monitors, ICU equipments, Physiotherapy / Medical equipments etc.

E- Waste contains many valuable recoverable materials such as aluminum, copper, gold, silver, plastics, and ferrous metals. In order to conserve natural resources and the energy needed to produce new electronic equipment from virgin resources, electronic equipment can be refurbished, reused and recycled instead of being landfilled.

1.2 E- WASTE – GOVERNING RULES:

Both parties agreed to follow E- Waste (Management & Handling) Rules, 2011 which were notified in the year 2011 and came into force since 1st May 2012 in order to ensure effective implementation of E- Waste Rules and clearly delineate the role of produces in EPR, MoEF & CC, Government of India in supersession of E- Waste (Management and Handling) Rules, 2011 has notified the E- Waste (Management) Rules, 2016 vide G.S.R 338 (E) dated 23 March 2016 Which came into effect from 01 October 2016. These rule are applicable to every producer, consumer or bulk consumer, collection center, dismantler and recycler of e- waste involved in the manufacture, sale, purchase and processing of electrical and electronic equipment.

1.3 DEFINITIONS AND INTERPRETATION:

1. Electronic Waste (E-Waste) – The term E- Waste will refer to the below mentioned electrical and electronic waste for the purpose of the Agreement which includes:

Computers & Peripherals (CPU, Keyboard, Mouse & Monitor)	ICU Equipment (Ventilators, Monitors, Defibrillator etc)
Laptops	Treadmill
Servers	Physiotherapy Equipments (SWD,US,IFT, etc)
PCBs	Projectors
Mobiles or Communication devices	UPS
Mother Boards (Computers & Laptops	Shredder
Security Devices	Lab equipments
Telecom Equipment	Printers & Scanners

1.4. SCOPE OF THE MEMORANDUM OF UNDERSTANDING:

DR. VITHALRAO VIKHE PATIL FOUNDATION R.No.MAH/544/ANR/82 Ahmednagar

Principal
Vithalrao Vikhe Patil Foundation's
Industrial Training Institute (Pvt.)
M.I.D.C.Ahmednagar-414111

WHEREAS, Dr. Vithalrao Vikhe Patil Foundation, Ahmednagar desires to keep the environment clean and help the other party to use e- waste for educational purpose.

WHEREAS, Industrial Training Institute is willing to make available its facilities and resources for recycling reusing of e- waste products for teaching of training of their students. This will enable benefit to both parties in terms of a safe environment and teaching on E- waste.

THEREFORE, in consideration of the mutual covenants contained here in the Dr. V.V.P. Foundation and ITI agree upon as follows:

1.4.1 The best interests of the bot institutes are the primary concern and purpose of the services.

1.4.2 The parties will develop and foster collaborative working relationships and make the best use of available resources to provide the Services.

1.4.3 Best practice and professional standards will be adhered to provide the Services.

1.4.4 The Parties agree to work flexibly together and to provide the Services.

1.4.5 Neither party, in performing its responsibilities and obligations under this Agreement, will discriminate against any person because of said person's race, creed, religion, national, origin, sex or age.

1.4.6 This Memorandum of Understanding and the Operational Guideline will serve as the basis for Local Level Agreements. The Local level Agreement will outline how health and education services will work together to deliver quality services.

1.4.7 Both the parties will be responsible for the statutory compliance including environmental compliances pertaining to the activities and services mentioned above, E – Waste (Management and Handling) Rules, 2011, has notified the E- Waste (Management) Rules, 2016 vide G.S.R. 338 (E) dated 23 March 2016 and Dr. V.V.P. Foundation will not in any way be responsible for the same once waste material is handed over to ITI.

1.5 THEREFORE in consideration the Dr. V.V.P. Foundation will provide following services to ITI: - Collection of e waste from constituent institutes at one center point- Segregation of e- waste in reusable and recyclable (As per Guidelines) Notify the ITI with list for pickup with precaution.

1.6. THEREFORE in consideration the ITI will provide the following services to Dr. V.V.P Foundation:

DR. VITHALRAO VIKHE PATIL FOUNDATION
R.No.MAH/544/ANR/82
Ahmednagar

Principal
Dr.Vithalrao Vikhe Patil Foundation's
Industrial Training Institute (Pvt.)
M.I.D.C.Ahmednagar-414111

The collection and reusing / recycling services to be provided by ITI under this Agreement (the " Services") are as follows:

1.6.1 ITI shall ensure that the waste meteial is transports safely and there is no leakage during transit.

1.6.2 ITI shall dismantle, shred , physically destroy, and /or recycle all Covered Electronic Devices collected by the institute form various departments and provided to ITI using standard methods approved by the institute.

1.6.3 ITI shall fully comply with all applicable laws, rules , regulations , orders and ordinances, in conjunction with the collection, processing recycling and/or disposal of Covered Electronic Devices, their components and any other materials collected in conjunction therewith.

1.6.4 ITI shall use the parts and components for educational purpose for teaching and practice of students.

1.6.5 ITI shall keep and retain the adequate books and other documents consistent with and for the period required by Dr. Vithalrao Vikhe Patil Foundation.

1.7. CONFIDENTIALITY:

The Parties acknowledge the disclosure of the information is subject to the Offical Information Act 1982, the Privacy Act 1993 and the Health Information Privacy Code 1994.

Each Party will consult with the other before disclosing information relating to operational

Matters covered by this Memorandum of Understanding as required by law and each party will only disclose that information in accordance with the law.

1.8 ASSIGNMANT AND AGREEMENT:

No party can assign this agreement to any third party without abtaining the prior written consent of the third party.

1.9. THE TERM AND TERMINATION

1.9.1 The term of this Agreement shall be for a period of ten (10) years from the date of signing.

DR. VITHALRAO VIKHE PATIL FOUNDATION R.No.MAH/544/AN/R/82 Ahmednagar

Principal
Dr.Vithalrao Vikhe Patil Foundation's
Industrial Training Institute (Pvt.)
M.I.D.C.Ahmednagar-414111

1.9.2 This Memorandum of Understanding may be varied from time to time by mutual agreement between the Parties. With each variation a new document including the Variation (s) will be produced, agreed, and then signed and distributed by the parties.

1.9.3 This Agreement may be terminated as follows:

1.9.3.1 In the event, both institutes, shall mutually agree that this Agreement may be Terminated o terms and date stipulated therein.

1.9.3.2 This Agreement may be terminated by either party with or without cause by delivering a written notice of cermination to the other party at least thirty (30) days prior to such early termination.

1.10 EXECUTION:

This Agreement and any amendments there to shall be executed in duplicate copies on behalf of Industrial Training Institute by official of each, specifically authorized by its respective Bord to perfrom such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

IN WITNESS WHEREOF, duly authorized officers and representatives of Industrial Training Institute have executed this Agreement the 1st August day of 2016.

CONTACT INFORMATION:

Dr. Vithalrao Vikhe Patil Foundation

Partner representative: **Mr. Shashikant Gayke**

Maintenance Engineer

(Partner signature)

Address:

Department of IT and Maintenance

Opp. Govt. Milk Dairy, Post: MIDC,

Vadgaon Gupta, Ahmednagar- 414111

Telephone: 0241- 2778042, 2777059, 2779757

Fax : 0241 – 2779782, Website: www.vims.edu.in

E-mail : maintenance@vims.edu.in

Date 01 / 08 /2016

Place: Ahmednagar

Principal
Dr. Vithalrao Vikhe Patil Foundation's
Industrial Training Institute (Pvt.)
M.I.D.C.Ahmednagar-414111

DR. VITHALRAO VIKHE PATIL FOUNDATION
R.No.MAH/544/ANR/82
Ahmednagar

Industry:

Industrial Training Institute,

Plot No. B-4/2, MIDC, Ahmednagar- 414 111

Partner representative

Address:

Principal
Dr.Vithalrao Vikhe Patil Foundation's
Industrial Training Institute (Pvt.)
M.I.D.C.Ahmednagar-414111

Dr. Vithalrao Vikhe Patil Foundation's GOVT. AFFLIATED I.T.I. (PVT.) M.I.D.C. Ahmednagar

Date: 01/08/2016

Ahmednagar Place: Ahmednagar.

Dist: Ahmednagar, Maharashtra.

Telephone : 0241-253694

DR. VITHALRAO VIKHE PATIL FOUNDATION R.No.MAH/544/ANR/82 Ahmednagar

Dr. Vithalrao Vikhe Patil Foundation's

Medical College & Hospital, Ahmednagar

Sewage Treatment Plant

Capacity:1000m³ Per Day

Supplier: M/S MKW Biosystems, Pune.

1] List of Equipment's:

Sr. No.	Particulars	Material	Make	Quantity
1	Bar Screen	SS	Boughtout	01 No.
2	Inlet Pump	CI	Boughtout	02 No.
3	Sewage Pump	CI/SS	Boughtout	02 No.
4	Chemical Storage Tank	PVC	Boughtout	01 No.
5	Diffused Aeration system With MBBR	Imported	Boughtout	02 No.
6	Air Compressor with Motar and other accessories	CI	Boughtout	02 No.
7	Filter Pump	CI	Boughtout	01 No.
8	Zeosarb Media Filter	MS	Boughtout	01 No.
9	Carbon Filter	MS	Boughtout	01 No.
10	Connecting Pipeline and Valves (Within Battry Limits)	MS/PVC	Boughtout	01 Lot.
11	Electrical Panel, Cabal and Elect(Within Battry Limits)	Electrical	Boughtout	01Lot.

Abbreviations:

1. SS- Stainless Steel
2. PVC- Poly Vinyl Chloride
3. CI- Casting Iron
4. MS- Molten Steel

DEAN
Dr.Vithalrao Vikhe Patil Foundation's
MEDICAL COLLEGE & HOSPITAL
Ahmednagar

Dr. Vithalrao Vikhe Patil Foundation's

Medical College & Hospital, Ahmednagar

Effluent Treatment Plant

Capacity:50m³ Per Day

Supplier: M/S MKW Biosystems, Pune.

1] List of Equipment's:

Sr. No.	Particulars	Material	Make	Quantity
1	Bar Screen	SS	Boughtout	01 No.
2	Inlet Pump	CI	Boughtout	01 No.
3	Chemical Dosing Tank	PVC	Boughtout	02 No.
4	Diffused Aeration system With MBBR	Imported	Boughtout	02 No.
5	Air Compressor with Motar and other accessories	CI	Boughtout	02 No.
6	Chemical Dosing Pump	CI	Boughtout	01 No.
7	Multimedia Filter	MS	Proprietary	01 No.
8	Carbon Filter	MS	Proprietary	01 No.
9	Sewage Pump	CI	Boughtout	01 No.
10	Filter Pump	MS	Boughtout	01 No.
11	Connecting Pipeline and Valves (Within Battry Limits)	MS/PVC	Boughtout	01 Lot.
12	Electrical Panel, Cabal and Elect(Within Battry Limits)	Electrical	Boughtout	01Lot.

Abbreviations:

1. SS- Stainless Steel
2. PVC- Poly Vinyl Chloride
3. CI- Casting Iron
4. MS- Molten Steel

DEAN
Dr.Vithalrao Vikhe Patil Foundation's
MEDICAL COLLEGE & HOSPITAL
Ahmednagar

भारत सरकार
परमाणु ऊर्जा नियामक परिषद्
विकिरण संरक्षा प्रभाग

GOVERNMENT OF INDIA
ATOMIC ENERGY REGULATORY BOARD
RADIOLOGICAL SAFETY DIVISION

Case File Number: MH-30009-RF-RH-001 **Date of Issue:** 03/11/2022

Document No.: 22-LIC-849690 **Valid Till:** 03/11/2027

LICENCE FOR OPERATION OF REMOTE AFTERLOADING BRACHYTHERAPY UNIT

In exercise of powers conferred under Section 16 of the Atomic Energy Act, 1962 read with Rule 3 of the Atomic Energy (Radiation Protection) Rules, 2004, the Atomic Energy Regulatory Board (AERB) hereby issues **Authorization** in favour of **SATISH RAMKRISHNA SONAWANE** to operate the following **REMOTE AFTERLOADING BRACHYTHERAPY Unit** located at **SAI CANCER AND RESEARCH SERVICES PRIVATE LIMITED, Ahmednagar** for **patient treatment** purposes.

Make	Model	Sr. No	Equipment ID	Radioisotope	No of Sources	Maximum Design Capacity
Nucletron	MicroSelectron HDR V3 (106990BNN)	20190	E-RH-057951	Ir-192	1	444 GBq

The **DIRECTOR, SAI CANCER AND RESEARCH SERVICES PRIVATE LIMITED, Ahmednagar** and **SATISH RAMKRISHNA SONAWANE** are hereby identified as the Employer and licensee respectively, for the purpose of assigning the responsibilities specified in the Atomic Energy (Radiation Protection) Rules, 2004, in respect of radiation protection of workers, public and environment because of possession and operation of the above equipment by **SAI CANCER AND RESEARCH SERVICES PRIVATE LIMITED, Ahmednagar**.

This license shall be subject to the following conditions:

1. The employer and the licensee shall ensure compliance of the provisions of
   i)The Atomic Energy Act, 1962;
   ii)The Atomic Energy (Radiation Protection) Rules, 2004;
   iii)The Atomic Energy (Safe Disposal of Radioactive Wastes) Rules, 1987;
   iv)All applicable Safety Codes, Guides on Safety and Security issued by AERB for the above practice and directives/other applicable regulatory documents issued by AERB from time to time.
2. It shall further be ensured that:
   a)The functional performance of the equipment is satisfactory during its useful life from radiological safety view point.
   b)Any incident involving radiation source(s) or loss / theft of source(s) is reported promptly within 24 hours of occurrence to AERB. In the event of the loss / theft of source(s), appropriate law enforcement authority shall be contacted immediately.
   c)Disposal of all disused radiation sources are carried out in accordance with the procedures laid down by AERB.
   d)The terms and conditions stated in Annexure-1 are complied with.

भारत सरकार
परमाणु ऊर्जा नियामक परिषद्
विकिरण संरक्षा प्रभाग

GOVERNMENT OF INDIA
ATOMIC ENERGY REGULATORY BOARD
RADIOLOGICAL SAFETY DIVISION

Case File Number: MH-30009-RF-RA-001 **Date of Issue:** 05/04/2022

Document No.: 22-LIC-759211 **Valid Till:** 05/04/2027

LICENCE FOR OPERATION OF MEDICAL ACCELERATOR UNIT

In exercise of powers conferred under Section 16 and 17 as applicable of the Atomic Energy Act, 1962 read with Rule 3 of the Atomic Energy (Radiation Protection) Rules, 2004, the Atomic Energy Regulatory Board (AERB) hereby issues **licence** in favour of **SATISH RAMKRISHNA SONAWANE** to operate the following **MEDICAL ACCELERATOR** unit located at **SAI CANCER AND RESEARCH SERVICES PRIVATE LIMITED**, **Ahmednagar** for **patient treatment** purposes.

Make	Model	Sr. No	Equipment ID	Photon energy(ies) (MV)	Electron energy(ies) (MeV)
Elekta	Synergy Platform	153813	G-RA-057805	6,15,10	6,8,10,12,15,4

The **DIRECTOR, SAI CANCER AND RESEARCH SERVICES PRIVATE LIMITED**, **Ahmednagar** and **SATISH RAMKRISHNA SONAWANE** are hereby identified as the Employer and licensee respectively, for the purpose of assigning the responsibilities specified in the Atomic Energy (Radiation Protection) Rules, 2004, in respect of radiation protection of workers, public and environment because of possession and operation of the above equipment by **SAI CANCER AND RESEARCH SERVICES PRIVATE LIMITED**, **Ahmednagar**.

This license shall be subject to the following conditions:

1. The employer and the licensee shall ensure compliance of the provisions of
   i)The Atomic Energy Act, 1962;
   ii)The Atomic Energy (Radiation Protection) Rules, 2004;
   iii)The Atomic Energy (Safe Disposal of Radioactive Wastes) Rules, 1987;
   iv)All applicable Safety Codes, Guides on Safety and Security issued by AERB for the above practice and directives/other applicable regulatory documents issued by AERB from time to time.
2. It shall further be ensured that:
   a)The functional performance of the equipment is satisfactory during its useful life from radiological safety view point.
   b)Any incident involving radiation source(s) or loss / theft of source(s) is reported promptly within 24 hours of occurrence to AERB. In the event of the loss / theft of source(s), appropriate law enforcement authority shall be contacted immediately.
   c)Disposal of all disused radiation sources are carried out in accordance with the procedures laid down by AERB.
   d)The terms and conditions stated in Annexure-1 are complied with.

Fire Safety Policy

Dr. Vithalrao Vikhe Patil Foundation Ahmednagar	Dr. Vithalrao Vikhe Patil Foundation's MEDICAL COLLEGE AND HOSPITAL	Doc. No.	E/HCO/ DVMC/ FSP/ 01-05
	FIRE SAFETY POLICY	Issue No.	01
		Rev. No	00
		Date	08.07.2023
		Page	Page 01 of 4

1) **This Dr.Vikhe Patil Medical College and Hospital has provisions and facilities to combat any fire emergencies. All the floors of the medical college are provided with adequate firefighting equipment's and fire alarms.**
2) **The medical college has marked fire exits strategically located. The emergency exit routes are marked. Each lecture room and common passages have marked directions of the exit routes to be used in the case of fire and other emergencies. Fire extinguishers and other firefighting equipment's are provided in high risk areas like the electric panel, Laboratory, LPG gas bank.**
3) **Besides the members of the 'Fire Fighting Team' other staffs are trained to react and combat in such emergencies, with the priority to protect the patients and valuable hospital equipment's and assets.**
4) **The Fire Fighting Team organizes mock fire and emergency drills twice a year with the help and guidance from the local fire fighting force. All staff takes part the drill which gives emphasis of safe evacuation of the patients and occupants in the affected areas or hospital in general, as the firefighting and containment activity is under progress.**
5) **Hospital Fire Fighting Team:**
   a) During Daytime - 6 Security staff team
   b) During Night Time – 6 Security staff team

6) Fire Safety Protocol:

a) Fire Preventive Measures:

1. **Fire risk areas in the Medical college are identified as given below: -** Generator Room; Substation; electric panel, LPG gas bank, laboratories.
2. At these places, First Aid fire appliances are provided.
3. **In case of any fire incident the following action is to be taken: -** Try to put it off; Shout for help in case not being able to put it off; if it is an electrical fire, inform **Tel. Nos. (Extn. 252)** or cutting off the power supply.
4. **In case of fire in the medical college building and surrounding areas following action is to be taken:** - Immediately try to put it off; If not extinguished, shout to help; Switch off the electrical supply; inform **Tele. Nos. (Extn. 277)** Shift the people to safer places. If fire has not been extinguished, without panic direct the people to safer locations through fire escape route.
5. Use fire escape route for going out of the medical college building (Fire /Emergency escape route is drawn and displayed at all floors important locations for information of people).

7) Fire Fighting Instructions:

a) Fire accidents may occur any time. If these fire accidents are not attended immediately, it can cause loss to life and property. In case a fire incident is noticed at this medical college area, the following action is to be taken:-

1. Try to put off electric equipment.
2. Shout for help in case assistance is required. If unable to put off inform **Tel. Extn. No: 252** [Security Supervisor] about the type of fire and location of fire. Security Supervisor will activate "Code Red" signal and assemble the firefighting team consisting of the following personnel on duty at this hospital. Security Supervisor will inform all the above personnel and reach the fire site without delay. If it is an electrical fire the electric supply should be switched off by informing duty electrician. If evacuation is required, the evacuation plan is to be activated. The Security Supervisor will maintain a record of the fire accident by noting the date, time of call and time of closing the fire and loss of life or property if any. If the fire is not controllable the matter to be informed to civil

fire station for immediate help while informing give type of fire and correct location of fire. The firefighting team shall reach to the place of fire without delay and organize firefighting after getting this warning of "Code Red i.e. fire emergency

8) Fire Prevention Points:

a) Do not store inflammable materials like petrol, LPG, in the medical college building and rooms.

b) Do not use kerosene stove, burners, gas stoves in the medical college rooms and department.

c) The spirit lamp used in the laboratory should be placed in a safe place and put off after use.

d) Do not use the candles / oil lamp to light the rooms department.

e) Do not use the unauthorized electrical appliance in this hospital rooms and department.

f) Do not store the loose papers files and old record in card board boxes.

g) The old record room should be properly ventilated and electrical line protected against the fire.

h) All-important departments will be provided with the first aid fire appliance.

i) Do not leave the remains of used match stick, candles or cloth pieces etc. in the floor area.

j) Extinguish and throw these items in dust bin only.

k) Put off electrical supply to the rooms in case any spark is noticed and inform duty electrician.

l) Put off all light fans and electrical equipment and remove the equipment connection from the plug while locking the room after the work.

9) Emergency Evacuation Plan /Emergency Exit: Ground Floor Occupants: In the event of fire or other emergencies which warrant the evacuation of patients and duty personnel, please be guided by the following evacuation plan:

a) Alert all inmates one by one and room by room of the emergency situation without causing undue panic and commotion while informing the matter.

b) Evacuate all injured people first with the help of stretcher, trolleys or wheel chair.

c) The only route to be used for evacuation of injured people should be the medical college Staircase.

d) *The lifts should not be used in such situations*.

e) Ambulatory of semi-ambulatory patients should be evacuated one by one using wheel chairs.

f) Evacuation should be done in an orderly manner without causing confusion or panic.

g) These injured staff/people will send to the hospital at earliest.

h) The duty personnel will leave the emergency affected floor last after ensuring that all the people, their personal belongings and documents are safely evacuated.

10) Fire Fighting Training:

The Fire Fighting Team organizes mock fire and emergency drills twice a year with the help and guidance from the local fire fighting force.

11) All staff takes part the drill which gives emphasis of safe evacuation of the patients and occupants in the affected areas in general, as the fire-fighting and containment activity is under progress.

12) <u>Non Fire Emergencies:</u>

1. The medical college shall have plans and provisions for early detection, abatement and containment of non-fire emergencies within the medical college.
2. In case of a non-fire emergency, the concerned departmental personnel shall take necessary action to eliminate/reduce such hazards.

The Accident and fire safety Committee in the medical college review the preparedness during an emergency and conducts exercises of hazard identification and risk analysis and takes all necessary steps to eliminate or reduce such hazards and associated risks. Non fire emergencies can be:-

A) Internal

B) External

<u>A) Internal Non Fire Emergencies:</u>

1. Out-of-control individuals
2. Anti-social behavior by student or relatives
3. Sudden failure of supply of electricity, Gas, Vacuum etc.

<u>B) External Non Fire Emergencies:</u>

1. Earthquakes
2. Flood
3. Building or structural collapse
4. Mass Casualty

Fire Letter

अहमदनगर महानगरपालिका, अहमदनगर

दूरध्वनी क्र.: (कार्यालय) ०२४१- २३४३६२२,२३४५१२७,२३४०५२२,
२३४१४५५, २३४६०१०, २३२३०१९.
फॅक्स नं.: ०२४१ - २३२८८३७
Website: www.amc.gov.in E-mail: amc_anr@rediffmail.com

आवक-जावक क्र. ६५८ दिनांक २६/०३/२०२१

प्रति,
डॉ.अभिजित दिवटे,उपसंचालक,
डॉ.विखे पाटील मेमोरियल हॉस्पीटल & मेडीकल कॉलेज,
वडगाव गुप्ता,अहमदनगर.

विषय: अंतीम अग्निशमन ना हरकत प्रमाणपत्रा बाबत
संदर्भ: १) आपला दिनांक ०५ /०७/२०१४ रोजीचा अर्ज
२)अशाद जा.क्र. १८१ अग्निशमन विभाग दि.१५/०७/२०१४.
३) आपला दिनांक १८/०२/२०२१ रोजीचा अर्ज व टोकन न.६७२५
४) ओम साई फायर सर्विसेस यांचे ओ.एस.एफ.एस /२०-२१/४१ दि. ०९/०३/२०२१ रोजीचे " ब" प्रमाणपत्र.

उपरोक्त संदर्भिय विषयानुसार आपणास कळविण्यात येते कि,आपले ग. न.५९५/२ ,५९५/४ , डॉ.विखे पाटील मेमोरियल हॉस्पीटल & मेडीकल कॉलेज,वडगाव गुप्ता अहमदनगर येथे हॉस्पीटल & मेडीकल कॉलेज,या इमारतीचे बांधकाम झालेले असून प्लॉट क्षेत्रफळ ७८१४०.०० चौ.मी. व बाधकाम क्षेत्रफळ ३९९९१.२५ चौ मी. इतके असुन तेथे बसविण्यात आलेल्या आग प्रतिबंधक व जीव संरक्षक यंत्रणेची दि. २७ /२/२०२१ रोजी केलेल्या प्रत्यक्ष स्थळ पहाणी व्दारे व आपण सादर केलेल्या कागद पत्रानुसार व ओम साई फायर सर्विसेस यांचे ओ.एस.एफ.एस /२०-२१/४१ दि. ०९/०३/२०२१ रोजीचे "ब" प्रमाणपत्र प्रमाणपत्रा नुसार सदर बांधकामसाठी महाराष्ट्र अग्नि प्रतिबंधक जीवसंरक्षक् व उपाययोजना अधिनियम २००६ अन्वये व राष्ट्रीय इमारत बांधकाम संहिता २००५ मधील भाग ४ अन्वये अग्नि सुरक्षिततेच्या दृष्टीकोनातुन खालील प्रमाणे उपाय योजना करण्यात आलेल्या असून स्थायी अग्निशमन यंत्रणा सुस्थितीत असलेबाबत दिसून आलेले आहे.

१) इमारतीमध्ये IS:२१९०:१९९२ प्रमाणे प्रत्येक १०० चौ .मि. क्षेत्रासाठी एक अग्निशामक उपकरण बसविण्यात आलेले आहे.
२) इमारतीमधे IS:८८४ : १९८५ व ३३८४ : १९८९ प्रमाणे होजरील होज प्रत्येक मजल्याच्या जिन्याजवळ बसविण्यात आलेले आहे
३) इमारतीच्या बाहेर यार्ड हायड्रन बसविण्यात आलेले आहे
४) इमारतीच्या गच्चीवरती २०००० लिटर क्षमतेची अग्निशमन करिता पाण्याची टाकी बस्विण्यात आलेली आहे .
५) अग्निशमन करीता १ नग विद्युत पंप २२८० LPM,तसेच जॉकी पंप १८० LPM चे १ नग बसविण्यात आलेला आहे
६) इमारतीमध्ये IS:९०४:१९८३ फायर सर्व्हिसेस इनलेट व लॅडींग वॉल विथ फोर वे बसविण्यात आलेले आहे
७) इमारतीमध्ये IS:१६४६:१९९७ प्रमाणे विद्युत वायरिंग इनस्टॉलेशन करण्यात आलेले आहे
८) सदर इमारतीमध्ये मॅन्युअल ऑपरेटेड ईलेक्ट्रोनीक फायर अलार्म सिस्टीम बसविण्यात आलेले आहे

सदर उपाययोजनां बाबत महाराष्ट्र आगप्रतिबंधक व जीव संरक्षक उपाययोजना अधिनियम २००६ चे कलम (१)/३ नुसार बंधनकारक असुन असे परिक्षण सदर अधिनियमातील कलम (३) ३नुसार अनुज्ञाप्ती धारक अभिकरणा (Licensed Agency)कडुन करुन घेवून सदर अहवाल वर्षातून दोन वेळा जानेवारी व जुलै मध्ये तपासणी करुन व "ब" प्रमाण पत्रासह तसा अहवाल मुख्य अग्निशमन अधिकारी यांच्याकडे ,मध्यवर्ती कार्यालय अग्निशमन विभाग माळीवाडा ,अहमदनगर या कार्यालयास सादर करावा .

महाराष्ट्र अग्नि प्रतीबंधक व जीवसंरक्षक उपाययोजना २००६ अन्वये "अग्निशमन ना हरकत प्रमाणपत्र देण्यात येते सदरील ना हरकत प्रमाणपत्र दि. २५/०३/२०२२ पूर्वी नुतनीकरण करणे बंधनकारक आहे.

अहमदनगर महानगर पालिका अग्निशामक दल अहमदनगर

26.3.2021
(शंकर उ.निसाळ)
मुख्य अग्निशमन अधिकारी
अहमदनगर महानगरपालिका

Govt. Authorised (Lic. No. MFS-LA/2020/RF-16)

OM SAI FIRE

9225 729 555
omsaifire@gmail.com

संदर्भ: ओ.एस.एफ.एस/२०-२१/१७ दिनांक :-२४/०६/२०२०

महाराष्ट्र शासन राजपत्र असाधारण भाग चार-ब, जून २३,२००९/ आषाढ, शके १९३१

नमुना -ब

(कलम ३ (३) व नियम ४ (२) पहा)

आग प्रतिबंधक व जीवसंरक्षक उपाययोजनांची कामे पार पाडण्यासाठी मालकाने किंवा भोगवटादाराने प्रत्येक जानेवारी व जुलै या महिन्यांमध्ये दयावयाचे सहामाही प्रमाणपत्र

प्रमाणपत्र

मी असे प्रमाणित करीत आहे की, पुढील इमारतीमध्ये किंवा जागेमध्ये बसविण्यात आलेल्या आग प्रतिबंधक व जीवसंरक्षक उपाययोजना करण्यासंबंधात व अन्य तदानुषांगिक बाबींचे अनुपालन करण्याच्या दृष्टीने कामे पार पाडली आहेत.

स्थळ,इमारत,परिसराचा तपशील

डॉ.अभिजित दिवटे,

उपसंचालक,डॉ.विखे पाटील मेमोरियल हॉस्पिटल आणि मेडिकल कॉलेज,

अहमदनगर.

मी आणखी असे प्रमाणित करतो की - महाराष्ट्र आग प्रतिबंधक व जीवसंरक्षक उपाययोजना अधिनियम, २००६ (२००७ च महा.तीन) याच्या तरतुदीखाली आवश्यक केल्याप्रमाणे १ जाने २०२० ते ३० जुन २०२० या कालावधी दरम्यान वर नमूद केलेल्या इमारतीमधील बसविण्यात आलेली सुस्थितीत व कार्यक्षम स्थितीत ठेवण्यात आली आहे.या सोबत जोडलेल्या अहवालामध्ये मी या साधनाची तपासणी करण्याचा केलेल्या कामाचे तपशिल नमूद केला आहे.

ठिकाण : अहमदनगर

दिनांक :२४/०६/२०२०

आपला विश्वासू,

Om Sai Fire Service Govt Approved Agency Ahmednagar

Om Sai Fire Service MFS-LA-2020 RF-16 Ahmednagar

परवानाधारक

ओम साई फायर सर्व्हीसेस

लायसन्स क्रमांक : मअसे-ला अ/ २०२०/ आर एफ-१६

Govt. Authorised (Lic. No. MFS-LA/2020/RF-16)

9225 729 555
omsaifire@gmail.com

संदर्भ: ओ.एस.एफ.एस/२०-२१/१७ दिनांक :-२४/०६/२०२०

TO,
डॉ.अभिजित दिवटे,
उपसंचालक,डॉ.विखे पाटील मेमोरियल हॉस्पिटल आणि मेडिकल कॉलेज,
अहमदनगर.

SUBJECT : Inspection Report - Hospital

Sr.No	Description	Unit	Qty
01	Main Pump 900 LPM	Nos	01
02	Jockey Pump 180 LPM	Nos	01
03	Riser 150 mm	Nos	01
04	Hydrant Valve	Nos	28
05	Hose Box	Nos	28
06	Hose Pipe	Nos	28
07	Branch Pipe	Nos	28
08	Hose Reel Drum With 30 mtr Pipe	Nos	28
09	Four Way	Nos	01
10	Fire Alarms Systems	Set	15

For
OM SAI FIRE SERVICES

Om Sai Fire Services MFS-LA 2020 RF-16 Ahmednagar

Om Sai Fire Services Govt. Approved Agency Ahmednagar

Authorized signatory

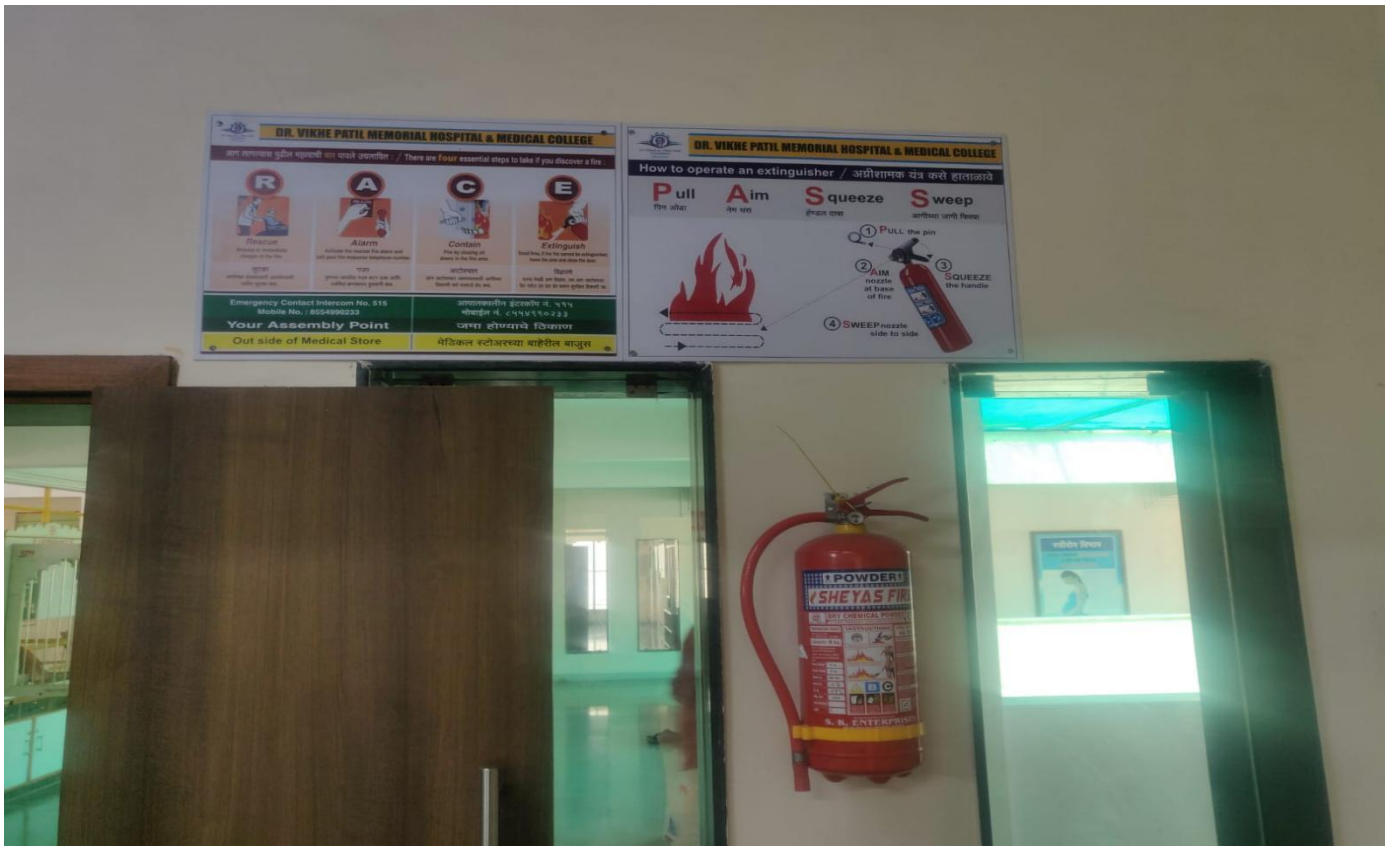
OWNER/BUILDER

sign

PABHIJIT DIWATE
DEPUTY DIRECTOR (MEDICAL)
D.V.V.P.FOUNDATION AHMEDNAGAR

Fire Training Photos

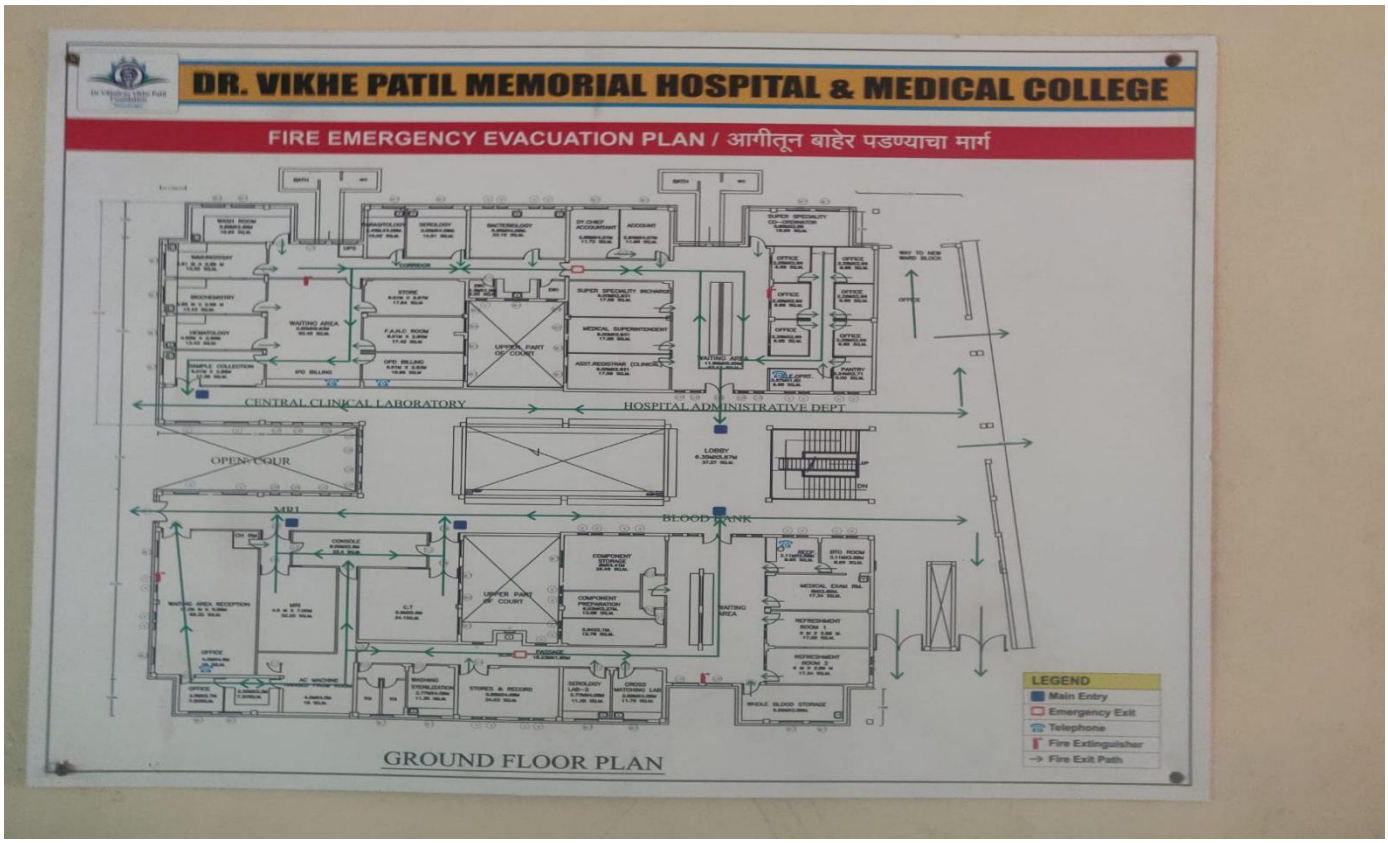
Fir Safety for Hospital

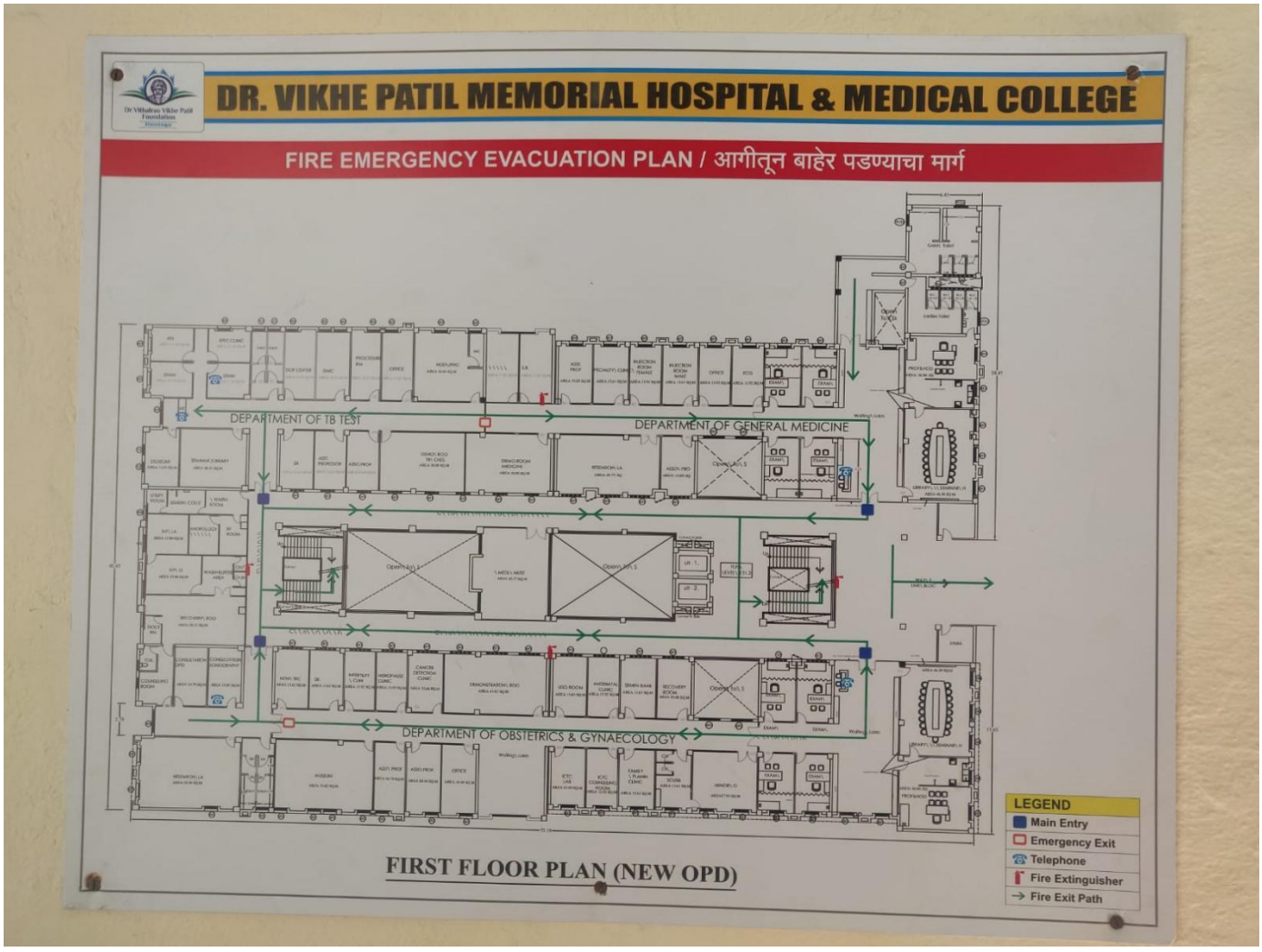


Fir Safety for Hospital

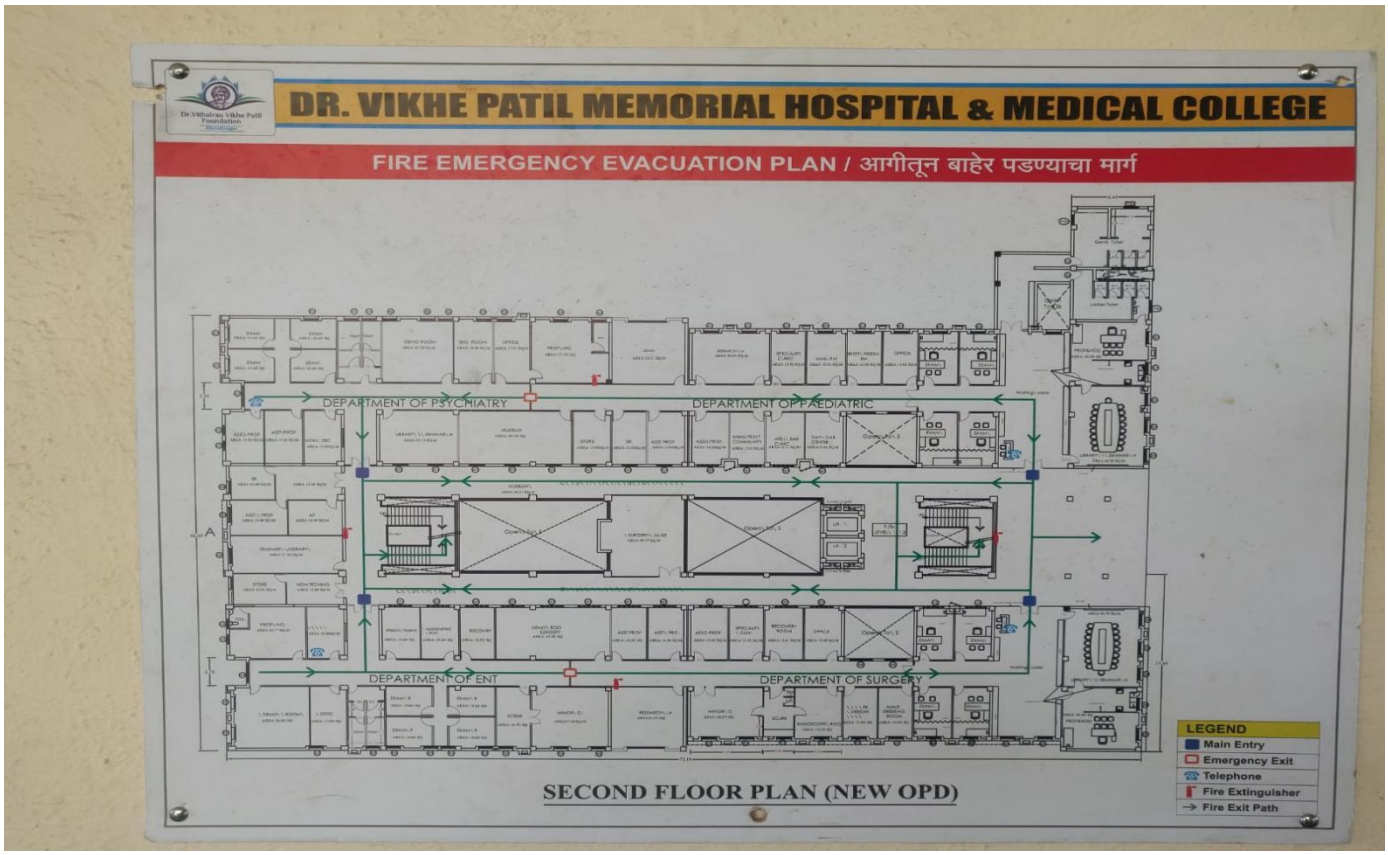
Fir Safety for Hospital

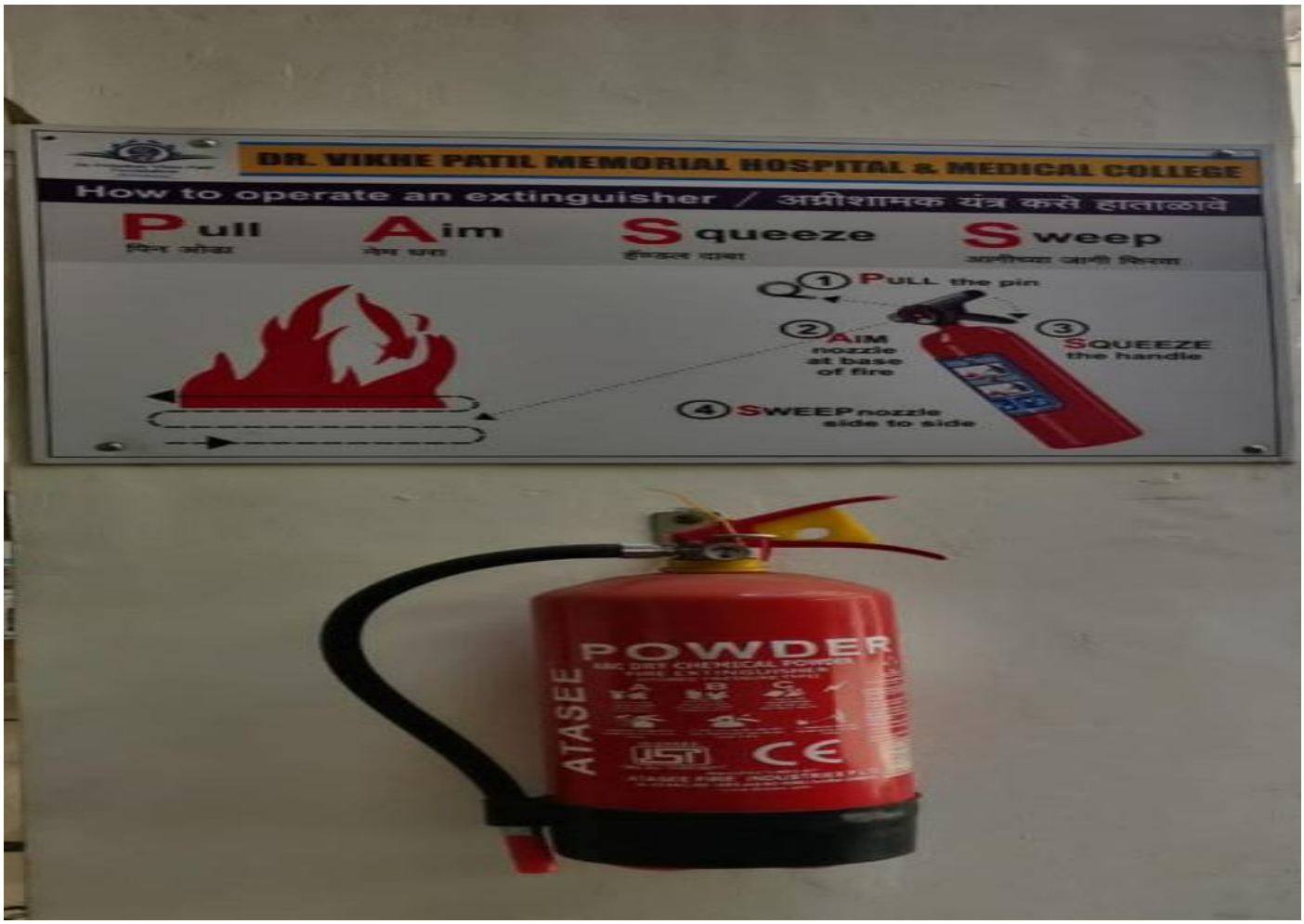
Fir Safety for Hospital



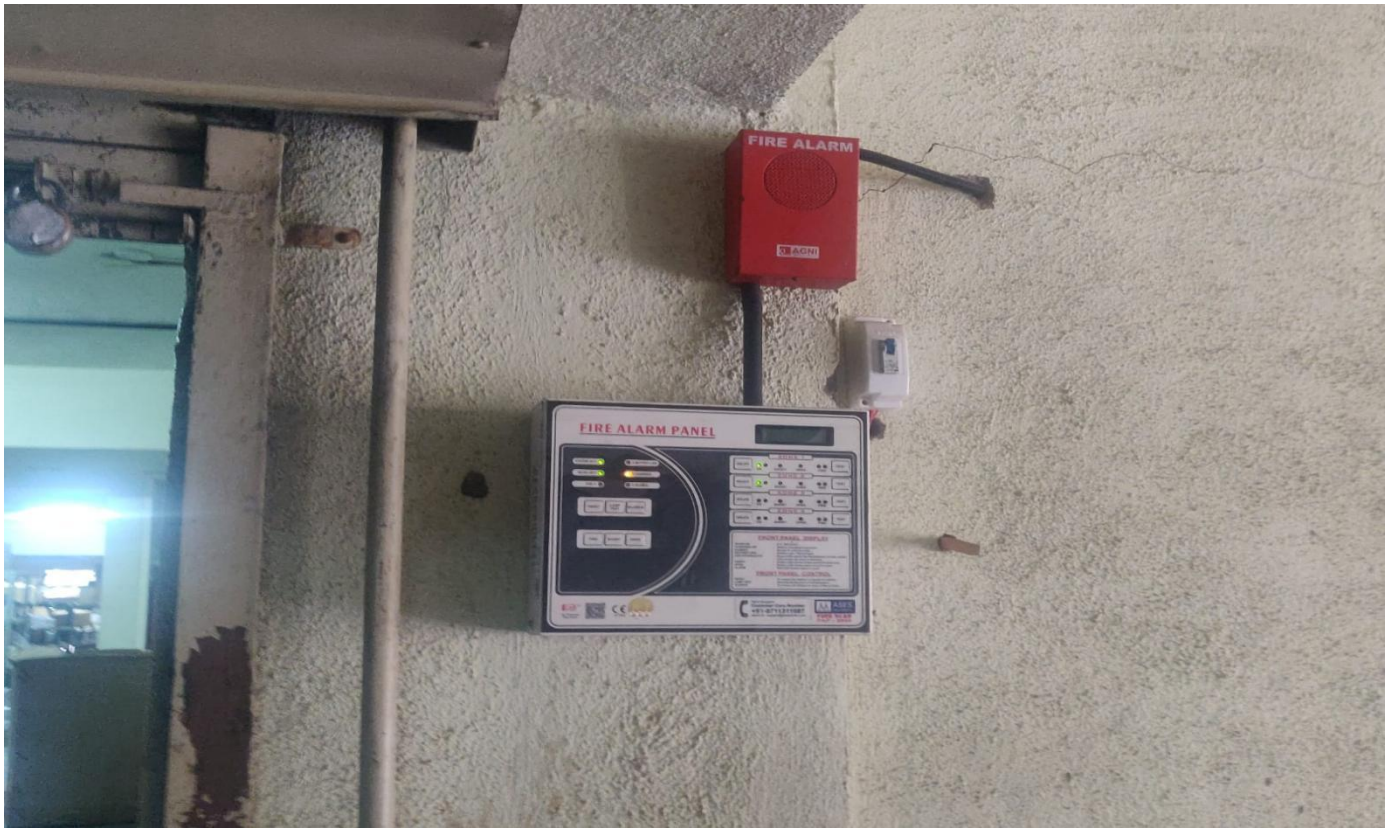


Fir Safety for Hospital



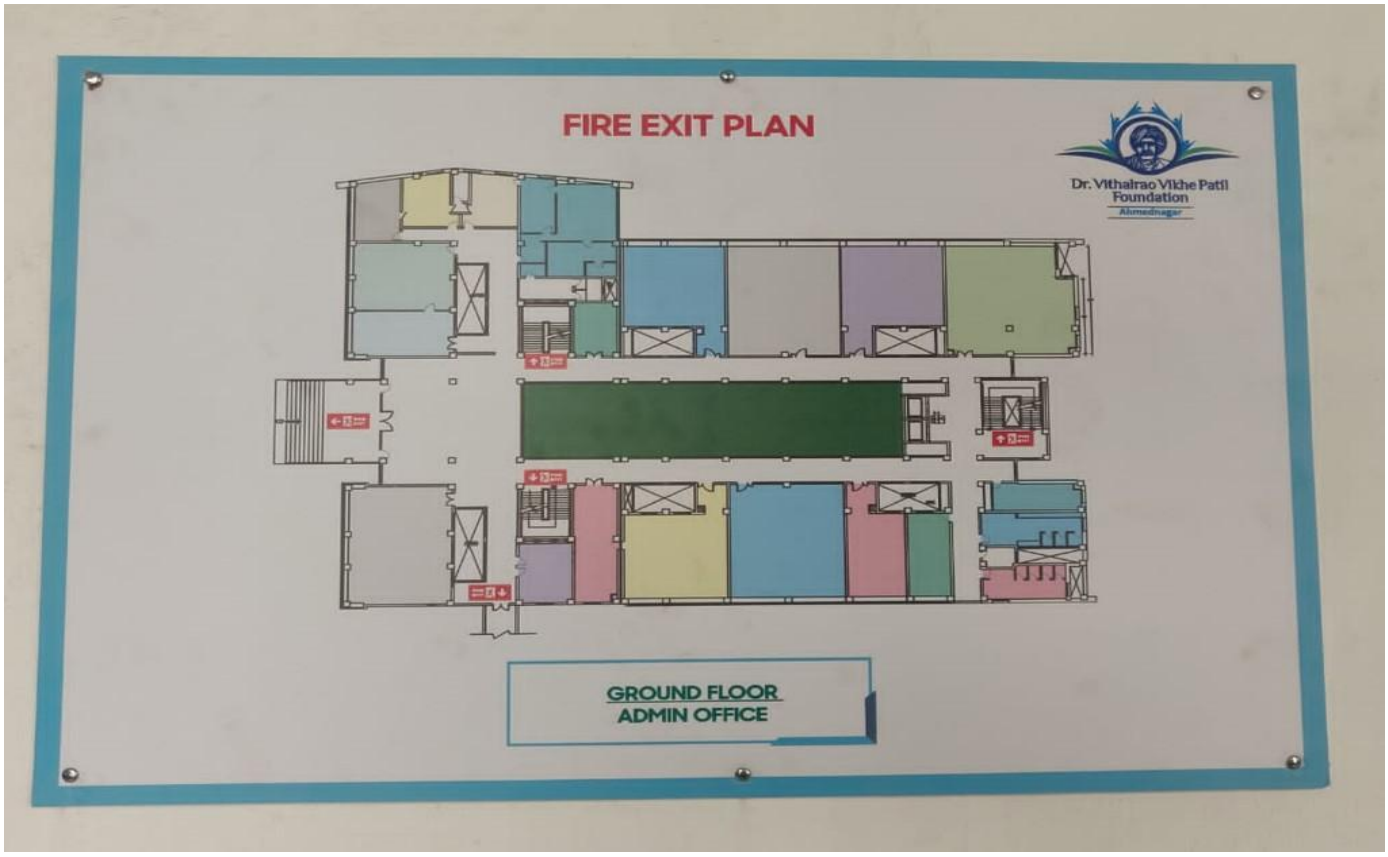


Fir Safety for Hospital

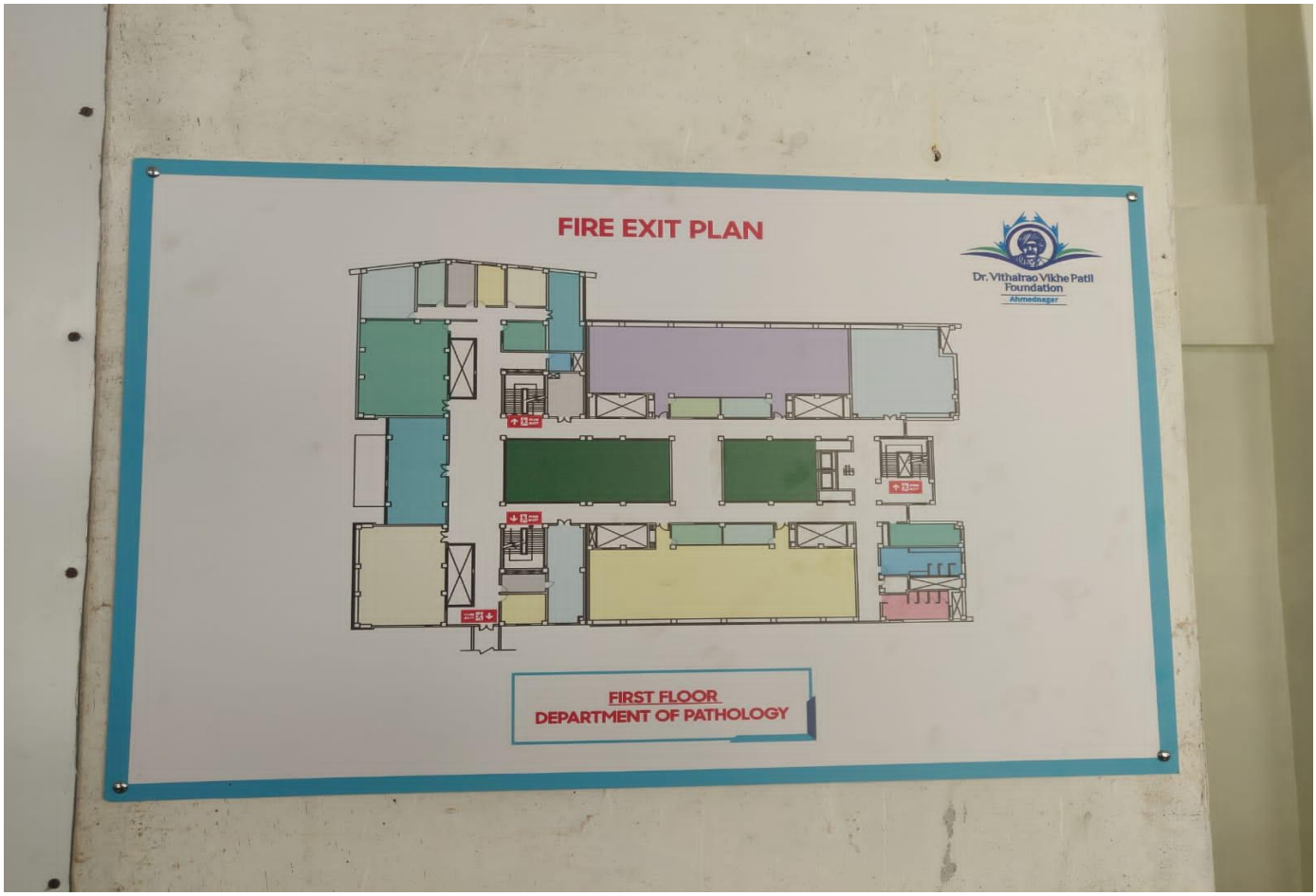


Fir Safety for Hospital (Fire Safety Alarm)

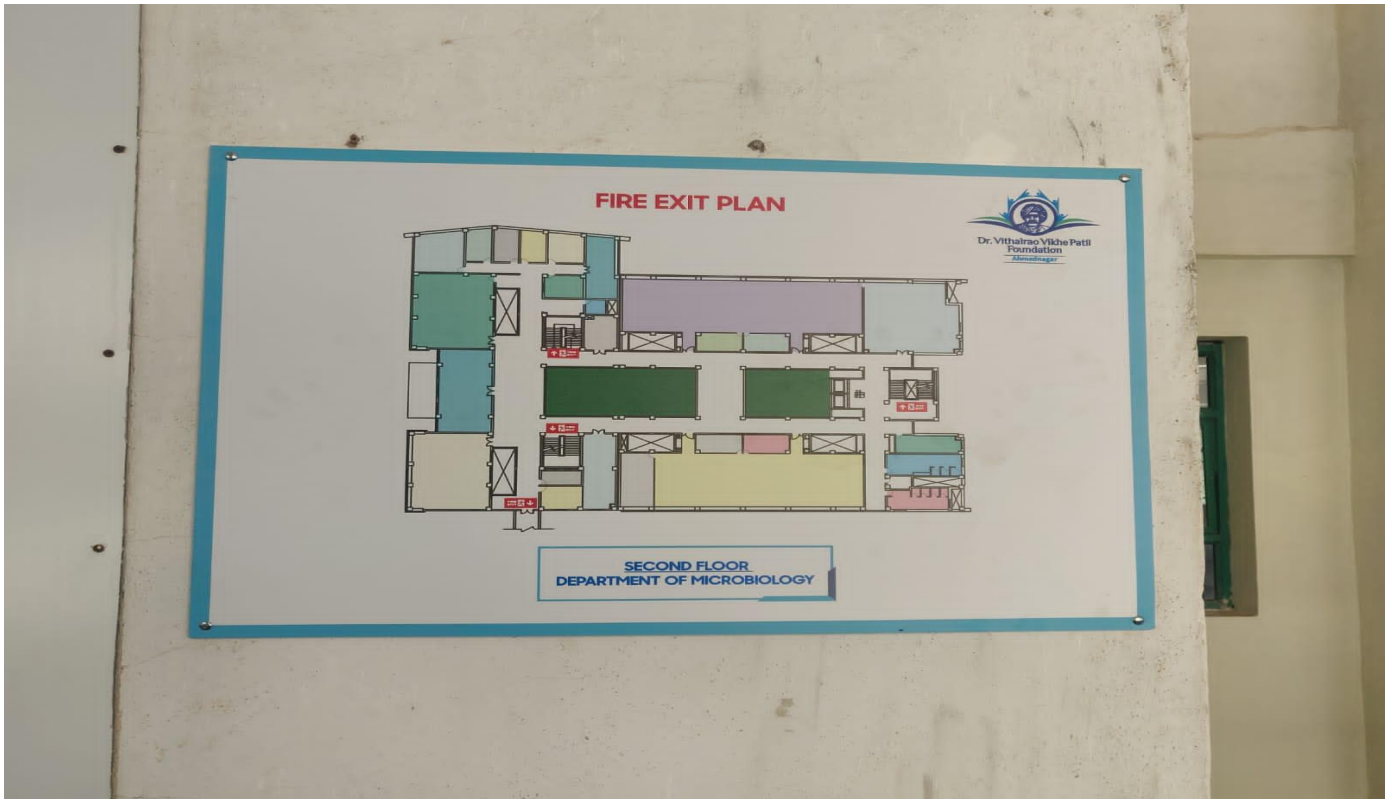
Fir Safety for Administration Block



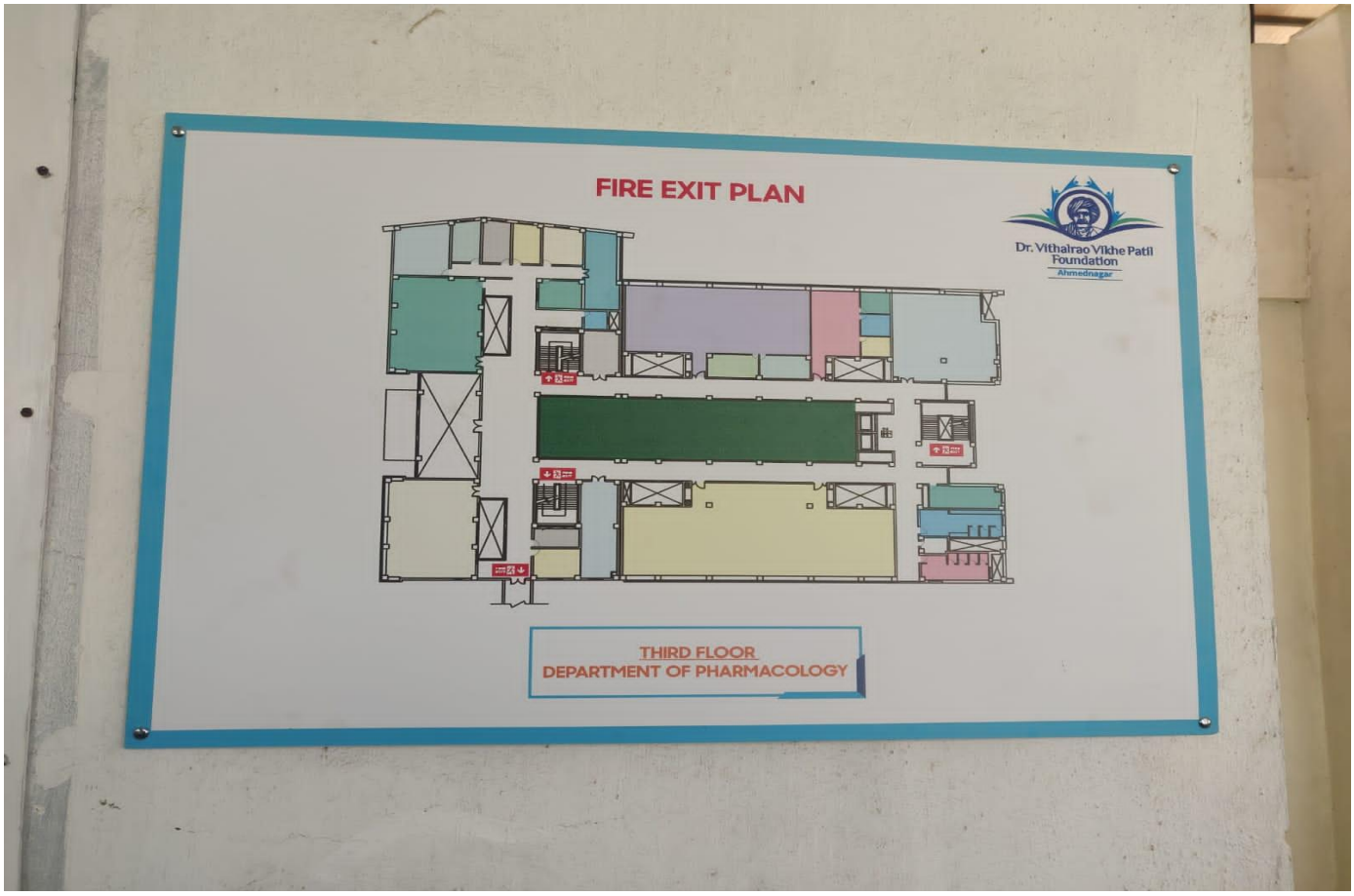
Fir Safety for ‘A’ Block



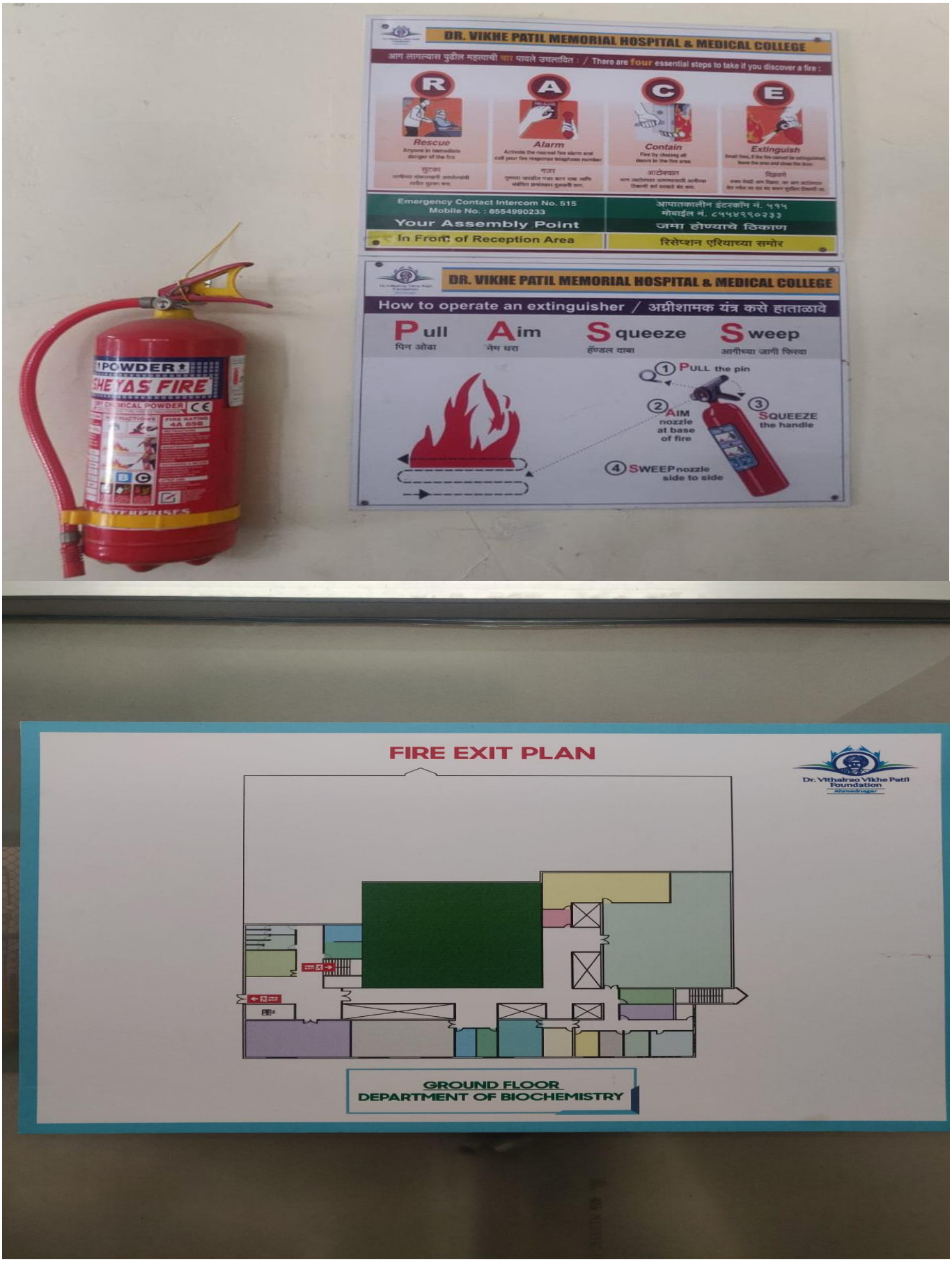
Fir Safety for ‘A’ Block



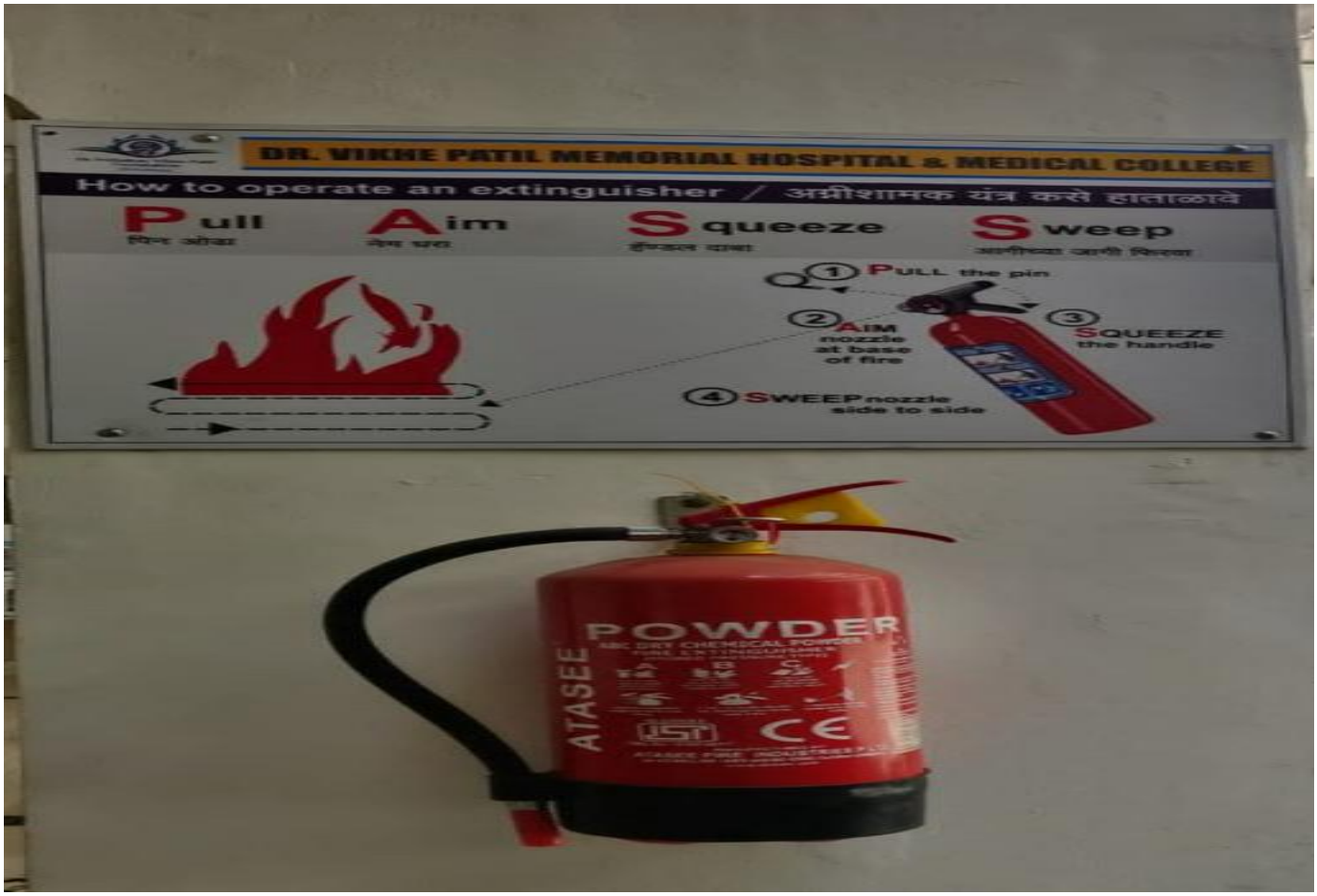
Fir Safety for ‘A’ Block

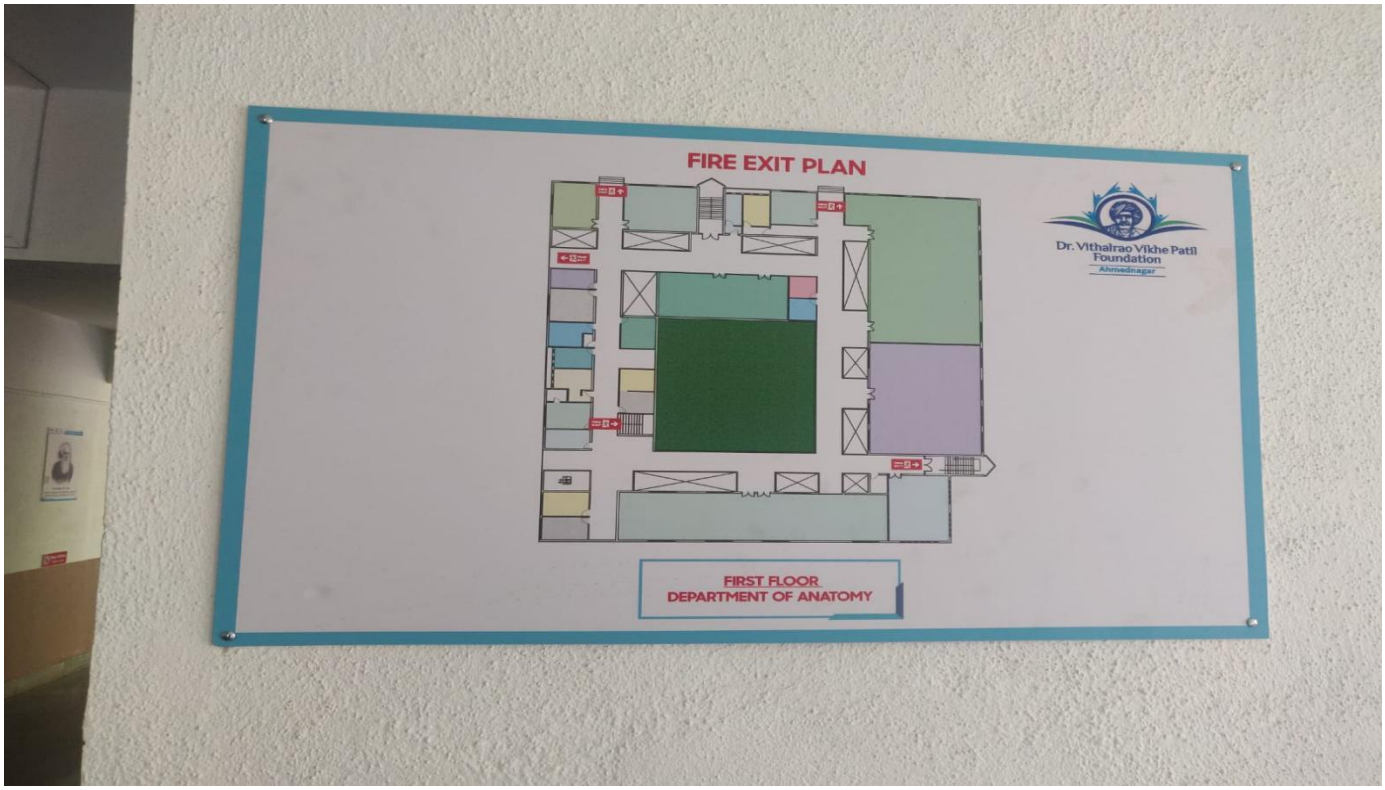


Fir Safety for ‘B’ Block

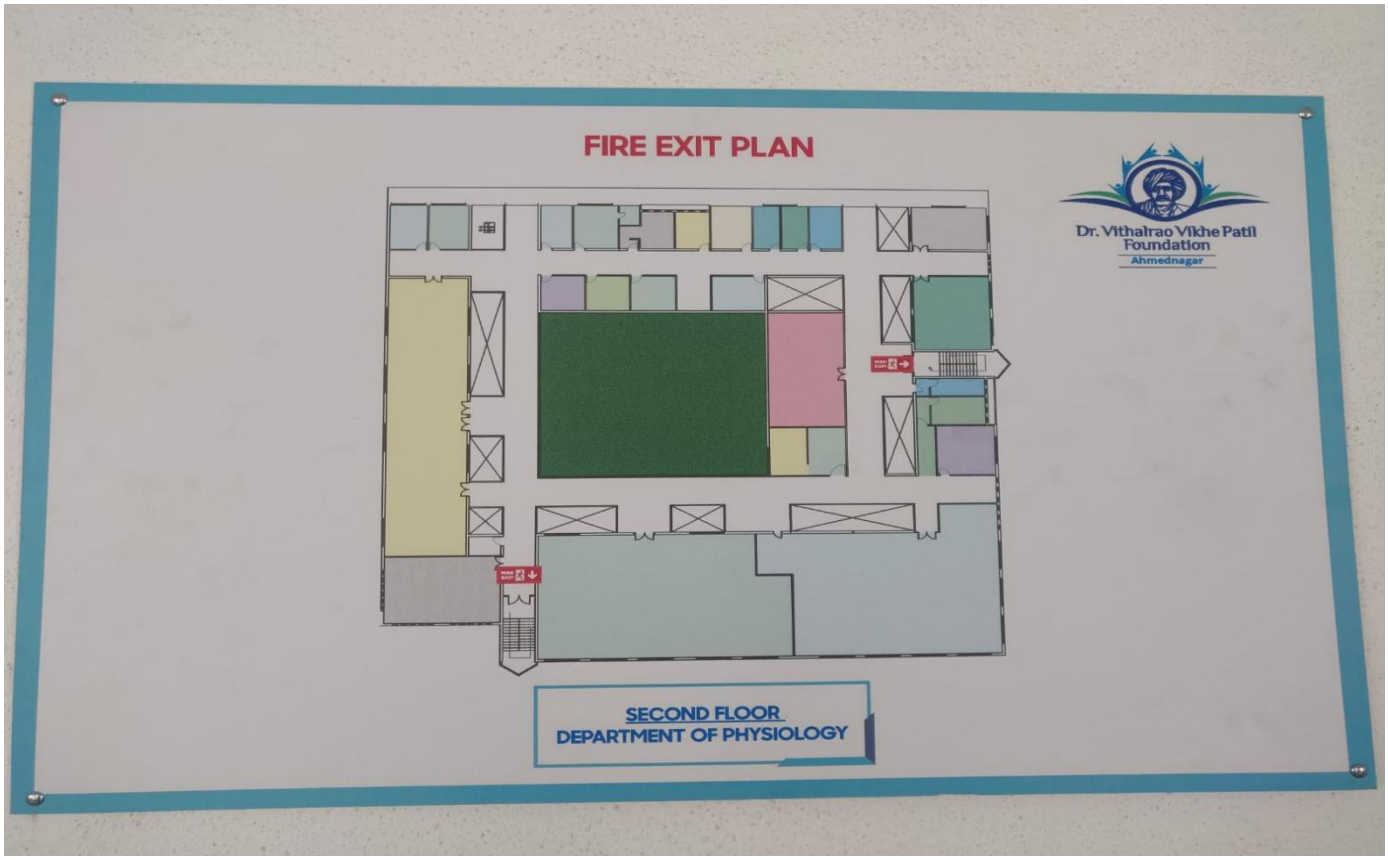


Fir Safety for ‘B’ Block

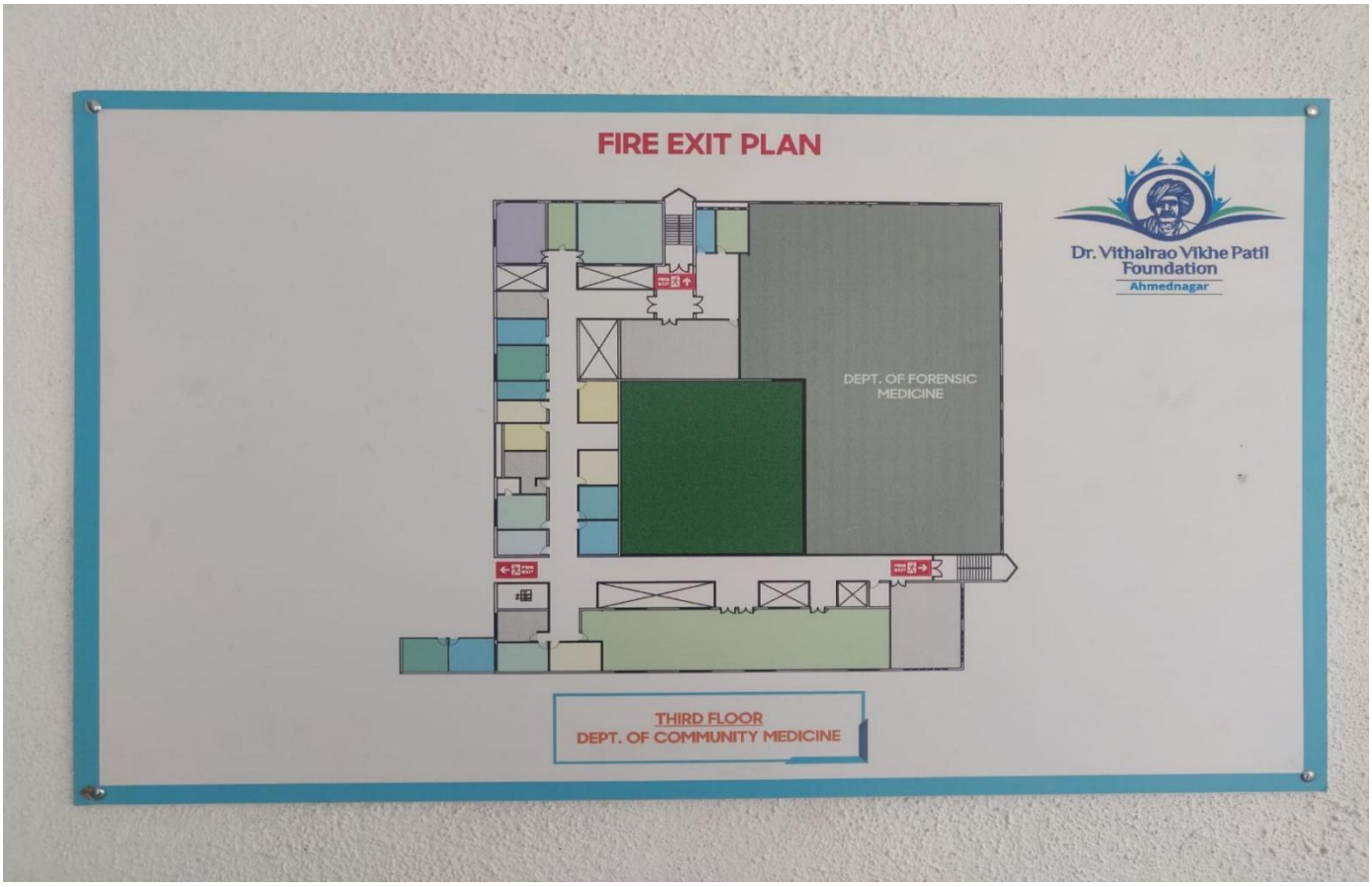




Fir Safety for ‘B’ Block

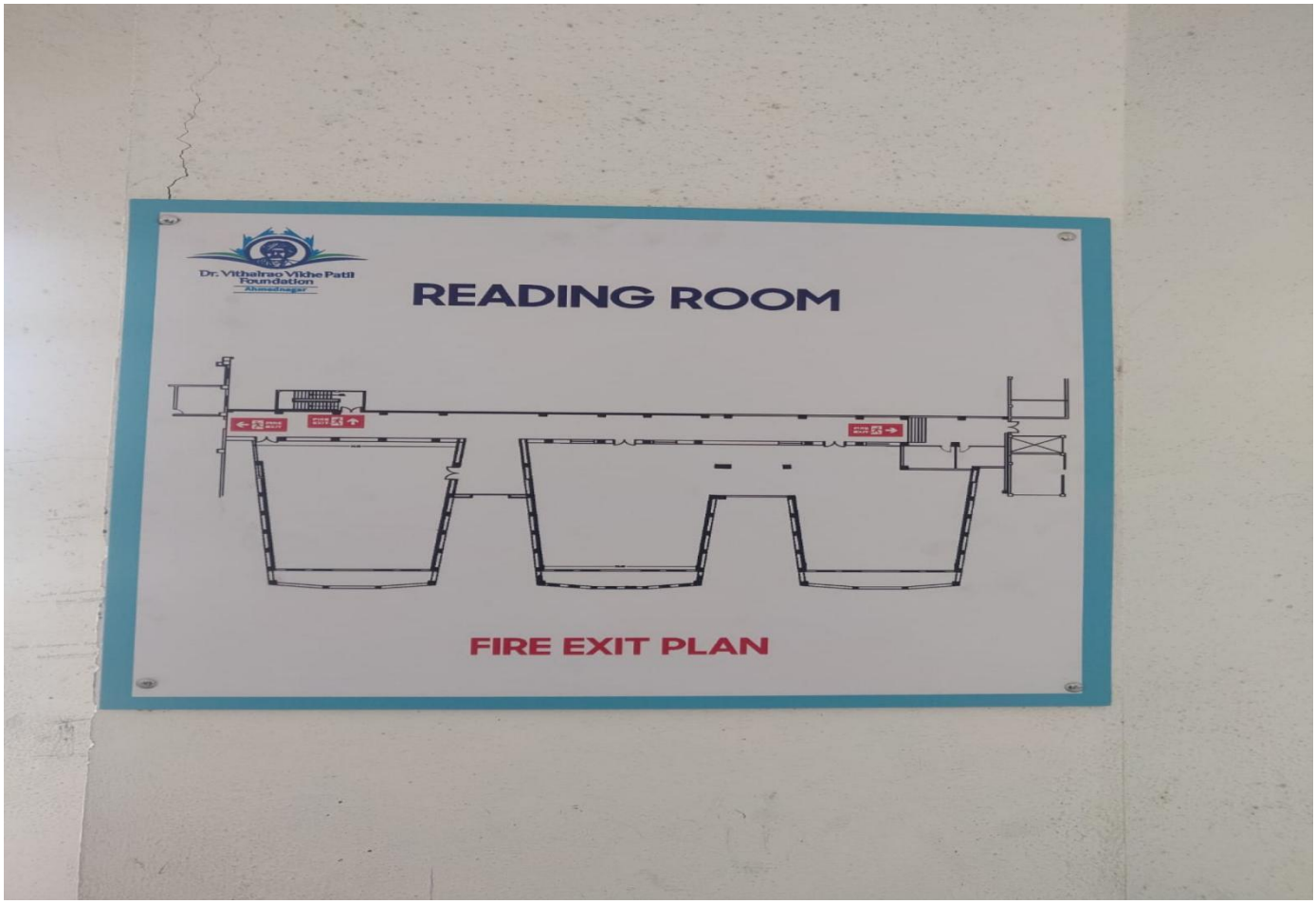


Fir Safety for ‘B’ Block

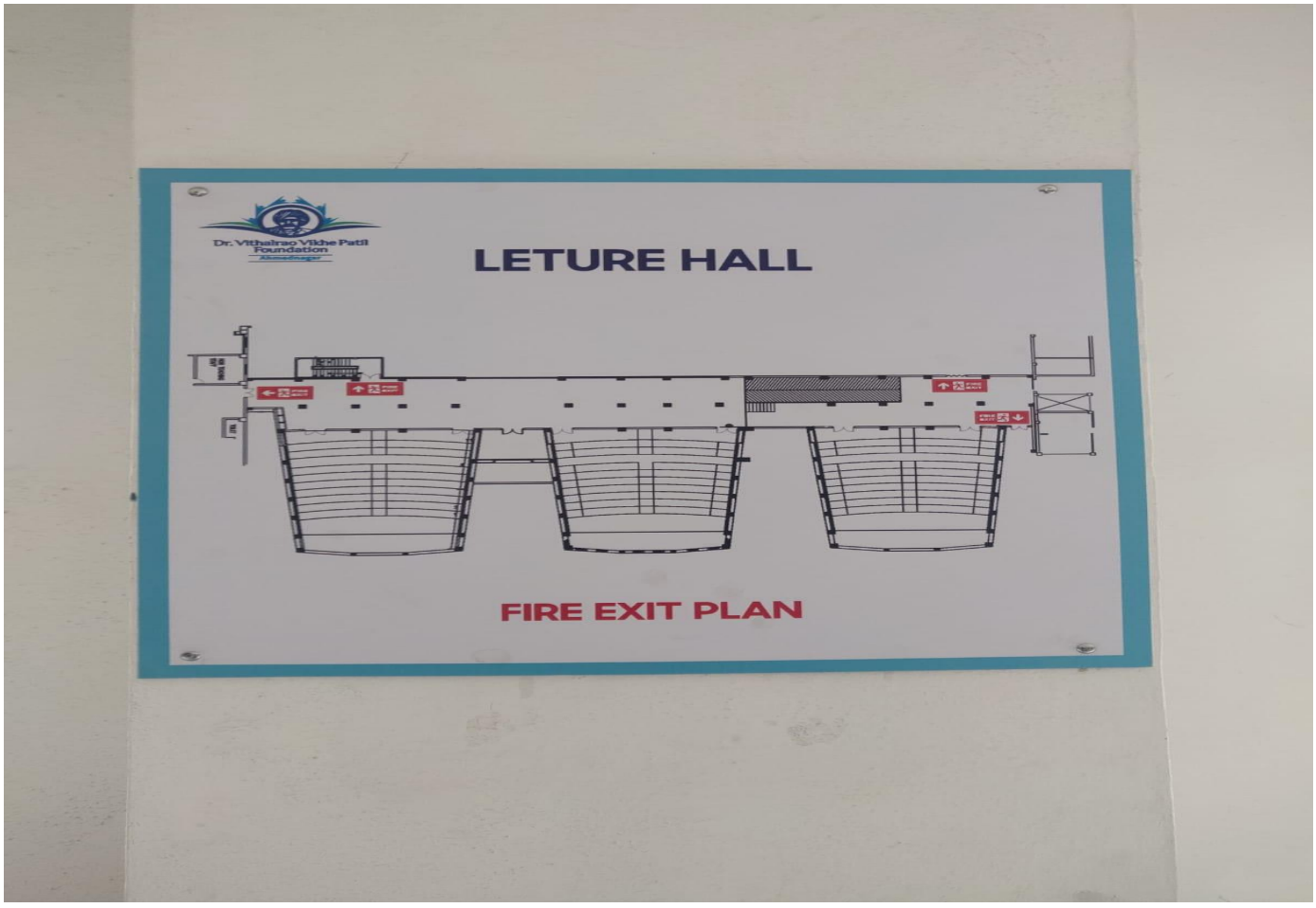


Fir Safety for ‘B’ Block

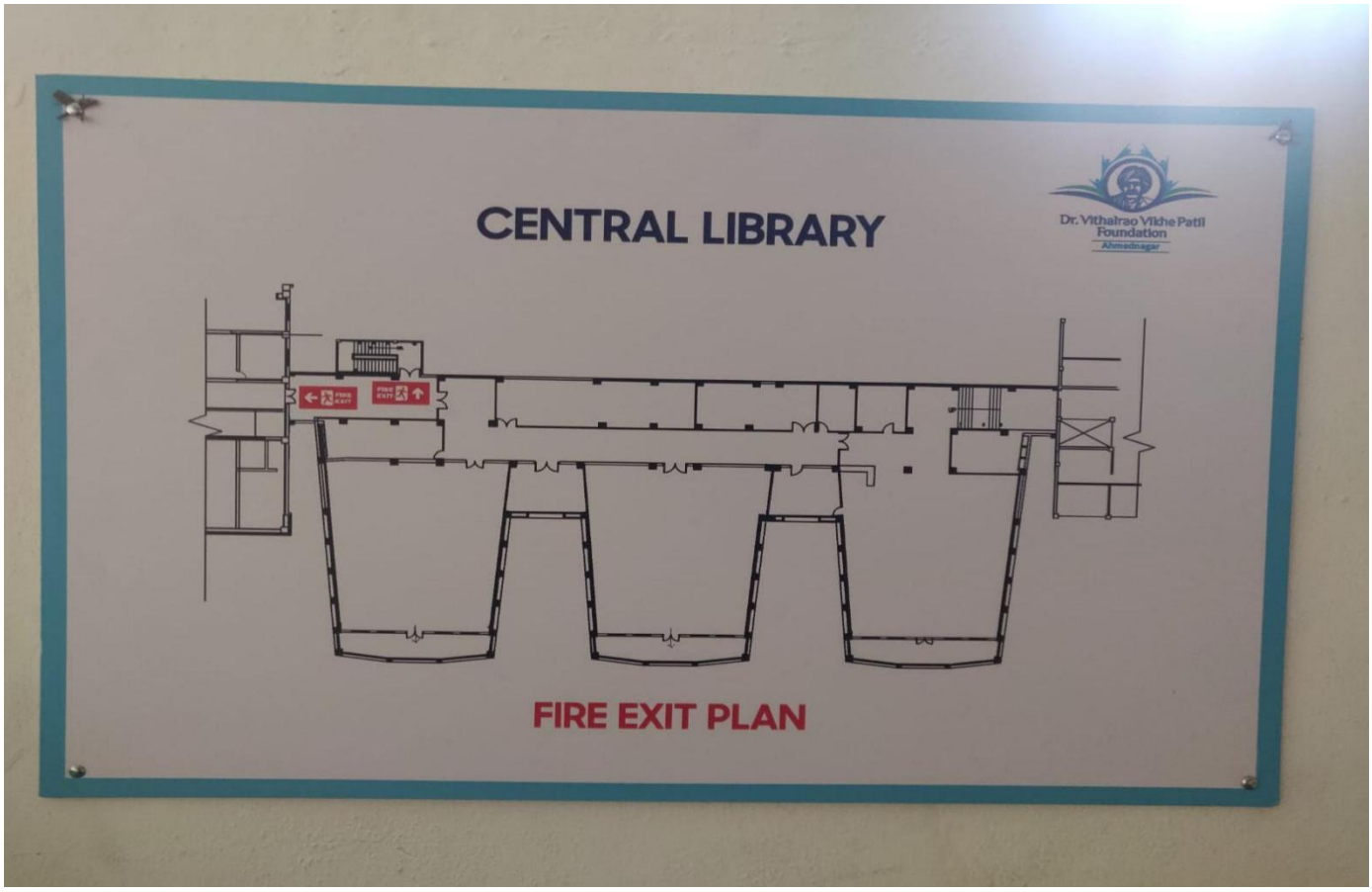
Fir Safety & Exit Plan for Reading Room



Fir Safety & Exit Plan for Lecture Hall



Fir Safety & Exit Plan for Central Library



Fir Safety for Lift ‘A’ and ‘B’ Block

Fir Pump Control Panel & Systems


New OPD
FIRE PUMP CONTROL PANEL
MAIN PUMP
FIRE PUMP
OLD WATER TANK