

Annual Environmental and Social Performance Report

Project Number: 53349-001
28 April 2020

Georgia: Hospital Bond Project

Prepared by JSC Evex Hospitals Georgia Healthcare Group for JSC Evex Hospitals Georgia Healthcare Group and the Asian Development Bank.

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ANNUAL REPORT

**ANNUAL ENVIRONMENTAL AND SOCIAL
PERFORMANCE REPORT (AESPR)**

JSC Evex Hospitals
Georgia Healthcare Group (GHG)
Georgia

AESPR COMPLETION DATE: **(28/04/2020)**

INTRODUCTION

The Frame Agreement between ADB and the JSC Evex Hospitals (the “Company” or “Evex”) requires among other things Evex to prepare an Annual Environmental and Social Performance Report (“AESPR”) on the environmental and social (“E&S”) performance of all Company Operations (as defined in the Framework Agreement). This document comprises IFC & ADB’s preferred format for E&S performance reporting. The following template may be supplemented with annexes as appropriate to ensure all relevant information on project performance is reported.

- Organizational Structure and Management Systems
- Significant Environmental and Social Events
- Pollution Control Performance
- Occupational Health and Safety
- Social Safeguards and Community Engagement
- Gaps and Corrective Measures

Contents:

- Project Information
- Client’s Representation Statement by Sponsor authorized representative
- Summary of Key E&S Aspects during the Reporting Period
- Action Plan Status and Update
- Deviations/non-compliances
- Client’s Feedback

Please describe in your responses and attach additional information / documentary evidence as needed. ADB may also request for additional information throughout its review of the AESPR.

Client's Representation Statement by authorized representative

I, **Giorgi Lominadze** in my role of Deputy Director in Finance & IT and representing Evex certify that:

- a) The Project is in compliance with all applicable E & S Requirements as described in the investment agreement and all actions required to be undertaken pursuant to the Environmental and Social Action Plan (ESAP) / Corrective Action Plan (CAP) and any subsequent supplemental action plans.
- b) In relation to the Company Operations there are no
 - Circumstances or occurrences that have given or would give rise to violations of E &S and labor Laws or E &S and labor Claims;
 - Social unrest, local population disruption or negative NGO campaigns or activities against the Company Operations.
 - Material social or environmental risks or issues in relation to the Company Operations other than those identified by ADB ahead of the date of its investment in the Company.
 - To the best of the Company's knowledge existing or threatened complaints, orders, directives, claims, citations or notices from any Authority due to E&S issues.
 - Any written communication from any Person, concerning the Company's failure to comply with any matter under the safeguard requirements (as defined in the Framework Agreement);
 - to the best of the Company's knowledge ongoing or threatened strikes, slowdowns or work stoppages by employees of the Company or subsidiaries, or any contractor or subcontractor with respect to the Company Operations;
- c) All information contained in this AMR is true, complete and accurate in all respects at the time of submission and no such document or material omitted any information the omission of which would have made such document or material misleading.

There have not been any new company activities (e.g. expansions, construction works, etc.) that could generate adverse environmental impacts, and there have been no new ESIA studies, audits, or E&S action plans or Corrective Active Plans conducted by or on behalf of the Company or its Subsidiaries (as defined in the Framework Agreement), with respect to any Environmental or Social Requirements that ADB has not been notified about.

Signature

04 May 2020

Date



AESPR certified by external Environmental & Social Advisor (if applicable)

I [Name] in my role of [state position] and representing [external Environmental & Social Advisor] certify that:

The Environmental & Social Advisor has exercised his reasonable endeavors in conducting a desktop review of relevant documents in preparing this AMR and opined that the data presented in this AMR could best represent company's operations during this reporting period and fulfilled the reporting requirements by IFC & ADB in an appropriate manner.

[Signature]

[Name]

[Position in Company]

Date:

Summary of Key E&S Aspects during the Reporting Period

This section aims to identify the key E&S progress/activities/incidents during the Reporting period (include key issues for the Reporting Period e.g. non-compliances, significant incidents¹, social unrest, significant improvements/initiatives regarding E&S performance. etc.)

Summary of Current Operations

Select the current status of the project and provide a brief description of the developments in relation to the project over the reporting period. For example, has any new acquisition undertaken, has construction been started or completed, has new equipment been installed, or is the investment in new projects considered?

Please provide a list of projects that are under project preparation, construction and/or operation as of end of the applicable reporting period.

For each project under preparation, please describe the results of the environmental and social risk and impact categorization process and list issues that require implementation of mitigation and management measures.

For projects under construction or operation, please list for each the environmental, involuntary resettlement and indigenous people/ethnic minorities categorization and describe any significant changes since the last AESPR that may affect environmental and social performance (e.g. technological upgrade, expansion, approval of supplementary EIA etc.).

For all the projects mentioned, please advise the status in terms of the procedural compliance in E&S aspects (i.e. EIA approval, environmental acceptance, land use permit etc.).

☐ Design ☐ Construction ☐ Expansion ☒ Operation ☐ Closure ☐ Other (specify)

Georgia Healthcare Group (“GHG” or the “Group”) is the largest and the only fully integrated healthcare provider in the fast-growing, predominantly privately-owned Georgian healthcare ecosystem. The Group holds a leadership position by offering the most comprehensive range of inpatient and outpatient services targeting the mass market segment through a vertically integrated network of hospitals and clinics. GHG also operate the largest pharmacy and distribution business and are the largest medical insurance provider in the country. Group’s newly added Diagnostics business is an important separate business line for the Group. The Group has completed the process of centralizing the Group’s internal lab demand by collecting samples from the Group’s hospitals and polyclinics throughout Georgia.

The Group was established in 1990 and has operated as a subsidiary of Bank of Georgia since 2004. The Group has 25 years of experience in the medical insurance market and has been providing healthcare services to patients since 2006. As of now, the Group has five main subsidiaries:

¹ Examples of significant incidents follow. Chemical and/or hydrocarbon materials spills; fire, explosion or unplanned releases, including during transportation; ecological damage/destruction; local population impact, complaint or protest; failure of emissions or effluent treatment; legal/administrative notice of violation; penalties, fines, or increase in pollution charges; negative media attention; chance cultural finds; labor unrest or disputes; local community concerns.

*1. **Evex Hospitals** is the subsidiary in charge of the healthcare services sector – referral hospitals. The business operates 18 referral hospitals, 16 of which are general hospitals and two are specialty hospitals, with a total of 2,967 beds. These hospitals are located in Tbilisi and major regional cities, and provide secondary or tertiary- level outpatient and inpatient diagnostic, surgical and treatment services*

*2. **Evex Clinics** is also the subsidiary in charge of the healthcare services sector – clinics. The business incorporates 15 polyclinics and 19 community clinics.*

Community clinics - Community clinics are located in regional towns and municipalities and provide outpatient and inpatient diagnostic, basic surgical and treatment services to the local population. For complicated cases their primary goal is to stabilize the patient and redirect to the nearest referral hospitals for secondary or tertiary treatment.

Polyclinics - Polyclinics provide basic and full-scale outpatient diagnostic and treatment services. These clinics are located in Tbilisi and major regional cities and represents the first point of customer interaction, bringing additional referrals to our hospitals and pharmacies.

*3. **Imedi L** is the subsidiary in charge of medical insurance sector and offers a variety of medical insurance products to the Georgian population, with a wide distribution network. It offers a broad range of comprehensive private medical insurance policies that customers can opt for instead of relying on the coverage provided under the UHC and other state funded healthcare programmes. Its products are mainly offered as corporate packages to large employers. The business operates 12 branches and service centers in a number of cities and towns across Georgia.*

*4. **GEPHA** is the subsidiary in charge of the pharmaceutical sector. In January 2017, GHG united ABC Pharmacia (Pharmadepot) with GPC (bought by GHG in May 2016) to establish the new pharmacy network of JSC Georgian Pharmacy (“GEPHA”) comprising 270 pharmacies in Georgia.*

*5. **Mega Laboratory** (“Mega Lab”) is the subsidiary in charge of the diagnostics sector opened in December 2018. Mega Lab is the largest diagnostics laboratory in Georgia and the entire Caucasus region and is an important new business line for the Group. The multi-disciplinary laboratory, equipped with latest infrastructure and state-of-the-art equipment, covers 7,500 square metres.*

Healthcare services business (Evex hospitals and Evex clinics) update

GHG’s healthcare services business, operates 52 HealthCare Facilities (HCF) as of now, including:

- 15 polyclinics providing basic outpatient services;
- 19 community clinics providing outpatient and basic inpatient treatment services to the local population.
- 18 referral hospitals offering a comprehensive range of complex and specialist services.

End of 2019 GHG counted c.15,900 full-time employees, including c.3,600 physicians, c.3,400 nurses and c.2,900 pharmacists.

The business operates 18 referral hospitals, 16 of which are general hospitals and two are specialty hospitals, with a total of 2,967 beds. These hospitals are located in Tbilisi and major regional cities and provide secondary or tertiary- level outpatient and inpatient diagnostic, surgical and treatment services.

DKC and Sunstone are two flagship hospitals. Sunstone operates 332 and DKC operates 306 newly renovated beds. Both hospitals are located in the capital city and represent the hospitals of choice for high-quality elective medical care country wide.

Community clinics are in regional towns and municipalities, and provide outpatient and inpatient diagnostic, basic surgical and treatment services to the local population. For complicated cases, their primary goal is to stabilize the patient and redirect them to the nearest referral hospital for secondary or tertiary care.

Polyclinics are located in Tbilisi and major regional cities and provide basic and full-scale outpatient diagnostic and treatment services. By adding c.47,000 patients in 2019, the business became the market leader by number of registered patients in Tbilisi

The Polyclinics represent a first point of customer interaction for our overall business.

In December 2018, we opened Mega Laboratory (“Mega Lab”), the largest diagnostics laboratory in Georgia and the entire Caucasus region.

The multi-disciplinary laboratory, equipped with the latest infrastructure and state-of-the-art technology, covers 7,500 m². High-capacity automated systems enable to provide accurate, high-quality results to the entire population of the country. In addition to basic laboratory tests, the new laboratory allows us to offer complex tests for oncology and molecular lab, some of which have never been available in Georgia, and for which blood samples used to be sent abroad.

The project is supported by our colleagues from Jordan, Biolab, a subsidiary of IDH Group, which has extensive experience in this field.

Remodeling Project Status Update

Remodeling works were completed at DKC and Sunstone before 2019 and both hospitals were steadily operational. Limited renovation works were undertaken at DKC that implied redesigning of main entrance and lobby. These activities were performed with limited resources without disruptions and interference to existing operations and healthcare services. Environmental and social consequences from given activities were extremely negligible.

This was steady year of operations. No projects were initiated thus subsequently no demand for EIA process and related obligations applied on land / infrastructure acquisition, resettlement etc.

Implementation of Environmental and Social Management System

The set of documented procedures represent the Company’s Environmental and Social Management System framework.

The documents currently comprising Company’s environmental and Social Management system are:

a) EHS due diligence policy - This policy was designed to provide an overview and guidance on the preparation for due diligence. It intends to give information on expected criteria and principles of third party led due diligence and document the responsibilities of those engaged in the process. This document provides guidance on planning, organization, and follow-up of external due diligence.

b) Stakeholder Engagement Framework including identification of key stakeholders, procedures for disclosure of project information and development of appropriately scaled grievance mechanisms - This document was designed to define the minimum requirements to identify and engage with external

stakeholders for all Evex activities, determine procedures for disclosure of information and development of grievance mechanisms.

c) Waste management procedure - This document determines procedures for waste management to assure compliance with acting legal requirements, determines the rules for the information and documentation flow, strengthens internal control over the process and ensures proper distribution of responsibilities within the process. This procedure supports prevention of nosocomial infections, control of risks related to the infections caused by external agents, ensuring patients safety and protection, prevention of the infection contamination among medical personnel.

d) Wastewater management and monitoring procedure - The document was prepared to set out uniform principles for wastewater management across healthcare facilities, the actions required on non-conformance with regulatory requirements and requirements to minimize and where possible prevent pollution of the wastewater receptors. Additionally, it defines monitoring requirements specific to DKC and Sunstone facilities.

e) Water quality monitoring procedure for drinking/domestic water drawn from groundwater wells to ensure quality is in line with national drinking water standards - This document describes monitoring requirements for drinking / domestic water drawn from groundwater wells to ensure that quality is in line with drinking water standards; the document outlines requirements for drinking water quality, the actions required during non-conformity with regulatory requirements and a summary of recommendations to minimize risk of drinking water contamination. The document aims to ensure the safety of drinking water supplies through the elimination, or reduction to a minimum concentration, of those constituents of water that are known to be hazardous to health.

f) Emergency preparedness and response - Fire safety policy was developed and validated. The policy was designed to provide essential information to all Evex staff and Contractors on to fire safety and fire protection requirements for the benefit and wellbeing of all patients, visitors and employees. It sets out uniform requirements for the fire safety and emergency response.

Implementation of the environmental and social management system was taking place in parallel to development of documented procedures, checklists and protocols at diverse levels and fronts of an organization, such as:





EHS coordinators are involved into diverse committees such as Safety and Infection Control and Quality Management Committee. EHS concerns are raised to the level of top management and addressed systematically in line with other issues. Local Infection Control Committees in the referral hospitals are operational and spread out practices of waste management, infection control and prevention, and radioprotection.

- Waste management: site visits and inspections are conducted regularly in all healthcare facilities. Over this period considerable progress has been made in onsite waste storage and segregation practices. In number of facilities waste storage areas have been improved and aligned to the best practices.

- Emergency planning: regular site visits and inspection take place at all healthcare facilities that subsequently lead to improvements of fire detection and fighting systems. Improvement plans are being developed on improvement of existing infrastructure and conditions as well as nominate responsible individual and raise the knowledge and alertness of personnel across facilities.

- Training and awareness sessions covering EHS matters are being rolled out for facility personnel such as nurses, epidemiologists and facility-based operations.

Implementation of Corrective Action Plan agreed with ADB

CAP 9	Conduct a review of the visibility of fire escape signage through the main passageways of the hospitals to ensure that patient and staff have a clear understanding of evacuation routes in emergency situations.
	Completion deadline – 25 March 2020
	Status - Complete
	
	

Fire escape signage visibility review was conducted at the hospitals and additional signs provided to the main passageways and corridors of the hospitals to ensure clear identification of evacuation routes in the event of emergency situations



CAP 10	Site specific - Tbilisi Referral Hospital. Review and set limit the opening range of windows on floors above ground level to mitigate risks of falling.
	Completion deadline – 25 March 2020
	Status - Complete



Opening range of windows onto every floor above ground level was reviewed and limitations were set to approximately 700 windows in the Tbilisi Referral Hospital (Sunstone) as a preventive measure to mitigate risks of falling.

CAP 8	Site specific - Tbilisi Referral Hospital. All facility rooms be subject to the EHS Coordinator and Facility managers ongoing audit program to identify and manage OHS risks.
	<i>Completion deadline – 25 March 2020</i>
	<i>Status - Complete</i>
	
	

Boiler and pump house buildings at Tbilisi Referral Hospital that were observed to be cluttered with multiple trip and fall risks from debris left from maintenance works were cleaned properly. Housekeeping program was revisited, and all the facility buildings and utilities made subject to routine EHS checks by nominated facility personnel as well as EHS Coordinators.

CAP 11	Site specific - Caucasus Hospital (DKC). Assess trees around the oxygen storage tank storage and take necessary actions to ensure tank safety. Install vehicle bollards between the bulk oxygen storage tank and the vehicular movement area.
	<i>Completion deadline – 25 March 2020</i> <i>Status - Complete</i>
	
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Caucasus Hospital (DKC). Vehicle collision protection bollards were Installed between the bulk oxygen storage tank and the vehicular movement area to prevent risk of collision.

Assessment of trees around the oxygen storage tank was performed by the Authorised body – Tbilisi Botanical Garden Institution. Assessment identified 18 specimens in surroundings of the tank and oxygen pump building and concluded that 4 out of 18 specimens were diseased with increased risk of falling. Two out of these four trees are in the close proximity of oxygen infrastructure. Based on the Expert Conclusion, application will be made to relevant bodies of Tbilisi City Hall on the removal of diseased species.

Safeguards Implementation

Assessment and Management of Environmental and Social Risks and Impacts:

Please provide details on the status of the following voluntary Management systems certification schemes at your facilities, provide details below?

	Not being considered	Future consideration	Planning to implement	Currently Implementing	Successfully implemented	Date of certification/ re-certification
ISO 9001 - Quality		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ISO 14001 - Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OHSAS 18001 - OHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (JCI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Presently we hold ISO 9001-2015 Quality Management System Certification for three of our laboratories:

- Laboratory of Tbilisi Ambulatory Clinic
- Referral Laboratory of Imereti
- Laboratory of Batumi Referral Hospital

The certificates prove that laboratories have established and apply a Quality Management System for Medical laboratory services (Immunology, Hematology, Coagulology, Biochemistry)

TÜV SÜD Management Service GmbH was the Certification Body for all three laboratories. Copies of certificates are available as attachments.

We seek to apply to Joint Commission International (JCI) Certification for the Megalab Laboratory by 2021.

We consider applying for JCI Certification for DKC and anticipate five years' time period to obtain the certification.

Organizational Structure

Please provide a corporate level organizational structure of the Company in relation to environmental and social management.

Please name the representatives at the corporate level and project level who hold responsibility for environmental and social performance (e.g. ESHS Manager, Occupational Health and Safety Manager, Community Relations Manager etc.) and provide their contact information (i.e. name, address, telephone number, fax number, and email address).

Describe any changes in the organizational structure to manage environment, health and safety, labor and social aspects during the reporting period. Describe number of personnel in charge of E&S issues.

Please name the representatives at the corporate level and project level who hold responsibility for environmental and social performance (e.g. ESHS Manager, Occupational Health and Safety Manager, Community Relations Manager etc.) and provide their contact information (i.e. name, address, telephone number, fax number, and email address).

Significant changes were made in the overall organizational structure. In 2018 the Group updated its business structure that had previously consisted of the polyclinics business under separate management and the hospitals business, including community clinics and referral hospitals under common control but managed separately from the polyclinics. According to the new structure, starting from 2019, the healthcare services business is divided into the following two segments: the clinics, which include polyclinics and community clinics, and referral hospitals.

Both business lines, alongside pharmacy and distribution, medical insurance and laboratory businesses, become independent business lines reporting to the Group. Each of the business lines will have its own chief operating officer and supporting back office function, which was previously the case for pharmacy and distribution business as well as for medical insurance business.

The rationale behind grouping the community clinics and polyclinics under one business line is the similar nature of these two businesses. Both of them represent the first point of patient interaction, offering basic outpatient services and, in the cases of complicated procedures, referring patients to the nearest hospital.

The clinics and referral hospitals will be the leaders in their respective segments, pursuing significant growth opportunities and concentrating on a clearer strategy. Independent and more focused management teams will efficiently drive the businesses towards their strategic priorities”

Work has continued throughout 2019 towards implementation of Environmental and Social Management System in the Company in line with applicable Legal and Regulatory requirements, ADB and IFC Requirements and industry best practices. This encompassed overall operations of EVEX.

Throughout the year we counted two Environment, Health and Safety Coordinators at corporate level managing environment, health and safety and social matters across the organization and reporting to the Operational Directors. EHS Coordinators are tasked with implementing applicable legal and Regulatory requirements, Environmental and Social Action Plan committed to DFIs, i.e. Development of procedures and implementing the ESMS, homogenizing procedures and practices as well as engagement into and monitoring of processes at facility level throughout the entire EVEX network from the EHS standpoint.

In 2020, HSE Coordinators will continue implementation of the ESMS, remain aligned with regulatory requirements, conduct inspections, verification and intervention at healthcare facilities focusing on general EHS, waste and fire management, representing EHS in the Safety and Infection Control Committee. Higher focus will be made towards improvements in life and fire safety area, where fulfilment of corrective actions remains a priority to close gaps and obtain Construction certification. These EHS positions are considered on the long term and the contracts are renewed annually.

Describe the level of environmental, social and health and safety training provided to staff (employees and contracted workers). Provide annex with list of topics, hours of training and number of participants.

We continue various training and development programmes for our employees to help them contribute to better clinical quality and performance through personal and professional development. A key objective is to invest in the next generation of doctors and position ourselves as the employer of choice. During the year, we spent a total of GEL 4 million on talent development. Our “GHG Leadership Programme” is one of the most popular leadership courses among our employees, and over 200 middle-level managers are engaged in the programme to improve their leadership and managerial skills. The year 2019 was outstanding for our GHG medical residency programme. The programme is post-graduate preparation for the next generation of doctors and facilitates an increase in the number of

qualified physicians and is now established as the most popular post-graduate medical study programme in the country. The GHG residency programme had its first graduates in 2019; of the 44 residents who completed the three-year programme, Currently, over 200 talented people remain involved in the programme in 29 different medical fields.

We invest in various professional educational opportunities. In 2019, we invested GEL 4 million in training and development courses Group-wide, mostly designed for our nurses, physicians, pharmacists and managers.

We are proud to have our own EVEX Learning Centre, the only centre in Georgia offering continuing medical education. The centre has been operating since 2014. Our learning centre independently develops and runs a variety of Continuing Professional Development Programmes (“CPDs”). Most of the CPDs consist of medical training for physicians and nurses, although some non-medical staff, such as hospital administrators and receptionists, can also participate.

In 2019, the EVEX Learning Centre trained a total of 2,623 nurses (both employees and candidates), 3,208 physicians and 518 back office employees and managers. In 2019, EVEX Learning Centre conducted a six-month, 108-hour Basic Nursing Course for students and nursing professionals wanting to be employed in our hospitals. A total of 132 of them, who reached the passing score in the final test, were offered jobs at our healthcare facilities. In 2019, our Hospitals business developed and implemented the E-Testing module to make the staff attestation process more efficient. C.745 nurses participated in the e-Testing attestation process. In 2020, we are going to develop different contents for the E-Testing module, covering other testing courses as well.

Professional development of our Pharmacy and Distribution business employees is led by the GEPHA Training Centre trainers (employees with a background in pharmacology, para-pharmacy and operational standards), mentors (employees from different business units supporting on-the-job training and inductions) and coaches (employees with appropriate backgrounds who conduct soft skills training). In 2019, the GEPHA Training Centre trained a total of 4,000 participants. Among them, 186 students took a preparation course for pharmacists and 35 of them were offered a job.

In May 2019, we opened a small library – The Exploration Centre – in our head office in Georgia. The library contains around 600 books about business, leadership and other fields.

Residency programme

In line with our strategy to develop a new generation of doctors in Georgia, we launched a postgraduate residency programme in a number of fields in 2015. These programmes ensure development of qualified specialists in the areas where we lack physicians. The programmes have proved to be popular. Currently, we have 237 talented residents involved in 29 specialties; 14 of them have received a 100% grant and 37 an 80% grant, while 32 residents have obtained student loans. In 2019, 44 residents completed the programme.

New national nurse education curriculum

After our nursing training curriculum was approved as a national standard for nursing colleges in Georgia in 2019, we contributed more to the enhancement of nursing education by creating a nursing educational literature in collaboration with the European Bank for Reconstruction and Development (“EBRD”). The first nursing book, focusing on trauma nursing care in the emergency department, has already been translated into Georgian. This will help nurses to systematically assess trauma patients, intervene and/or assist with interventions, and provide trauma nursing care according to international standards.

Incentive plans for employees

We encourage performance-based incentives and offers financial and non-financial rewards to enhance pay-for-performance culture. These incentives vary from role to role and may include:

- Cash bonuses (based on performance appraisal);

- Share awards (based on performance appraisal) – for the managerial team and high-performer employees;
- One-time premiums for exceptional performance;
- Medical insurance;
- Malpractice insurance;
- Maternity leave; and
- Other allowances, e.g. accommodation fee.

We manage our employees' performance using the Management by Objective methodology. At the beginning of each year, all business units plan collective and individual goals that are aligned with the annual Key Business Objectives ("KBOs"). Our employees undergo annual or semi-annual performance assessments based on these KBOs and other competencies that reflect our values and the strategic objectives outlined by the Board of Directors.

In addition to specialized courses our and Quality Management and facility operations personnel continue Environmental Manager Training focusing on interpretation of Waste Management Code adopted by Government of Georgia. The course was rolled out internally as part of train the trainer program and attended by nominated personnel across all healthcare facilities.

Training topics and number of participants are given in **Annex 1** of the report

Significant Environmental and Social Events

During the reporting period, are you aware of any events that may have caused damage; brought about injuries or fatalities or other health problems; attracted the attention of outside parties; affected project labor or adjacent populations; affected cultural property; or created liabilities for your company?

☒ Yes ☐ No

2 cases of flooding occurred at DKC and Sunstone:

DKC - Parking space was flooded due to defective water pump. Flooding had not resulted into human health issue neither material damage

Sunstone – Basement floor was flooded during the extensive rainfall at different levels. Flood could potentially have resulted into upset of the hospital processes.
Investigation took place in both cases and preventive measures were employed.

Please report all significant environmental and social events that may have caused material damage; causes health problems; attracted the attention of outside parties; affected project labor or adjacent populations; affected cultural property; or created liabilities to the Company during the applicable reporting period.

Please attach photographs, plot plans, newspaper articles and all relevant supporting information that ADB will need to be completely familiar with the incident and associated environmental and social issues.

During reporting period there were no additional reported events that would have caused damage; brought about injuries or fatalities or other health problems; attracted the attention of outside parties; affected project labor or adjacent populations; affected cultural property; or created liabilities for your company

Stakeholder Engagement

Describe any ongoing public consultation and disclosure, liaison with non-governmental organizations (NGOs), civil society, local communities or public relations efforts on environmental and social aspects.

As a major healthcare provider in Georgia and in the Caucasus region, we understand the importance of ensuring that we actively engage with, and take into account the views of, our major stakeholders. All these stakeholders are material to the long-term success of the business, and relationships with our stakeholders support the generation and preservation of value in the Company, as well as our culture and values

We strive to understand the expectations, needs, concerns and ideas of our stakeholders, be they shareholders, patients, healthcare professionals, employers, government, local communities and third-party suppliers. By incorporating their feedback into our daily business, we are able to address the most commonly expressed issues and develop solutions.

Our Patients

Patients play a key role in providing guidance for developing new services and provide insights into the existing services offered in our facilities.

In 2019 group Service Quality department conducted customer satisfaction survey across the Group. Furthermore, during the year, our call centre conducted an NPS (Net Promoter Score) survey across a number of our hospitals and clinics. In future years, we plan to roll this out across the entirety of our network. Our Quality department also conducted an analysis of customer feedback, gathered from various communication channels, in order to identify customer needs and demand.

Healthcare professionals

Healthcare professionals play a key role in ensuring that the patients receive quality healthcare. First-class leaders of our medical team are driving the improvement of service quality, sharing specialist knowledge and access of patients to healthcare. To ensure that all clinical and ethical standards are in place, we are now engaging with senior clinicians across the Group through our dedicated Medical Boards throughout our network of hospitals.

To contribute to the improvement of understanding new, emerging clinical data, and advances in treatment and diagnosis, with more than 100 principal and sub investigators in the chain, our Hospitals and Clinics businesses have taken part in 60 clinical trials across several therapeutic areas with collaboration of more than 40 sponsors and Contract Research Organizations (CRO).

Workforce

We define our workforce as those that are directly employed by the Company. We use a range of mechanisms to ensure the views of our workforce are heard and understood, including regular employee engagement and employee satisfaction surveys, Town Hall sessions with senior management, and leadership talks undertaken by both senior managers and members of the Board.

Government and Regulators

We continue to engage regularly with Government departments, including at ministerial level, through a regular schedule of engagement and through attendance at round table and other policy-setting events.

Society

We spend significant time engaging with local communities through volunteering and outreach programmes. We also continue to support patients in more remote communities through our subsidised healthcare programme.

We take our environmental responsibilities seriously. We appreciate that societal expectations on corporates to tackle climate change continue to change, and we will continue to look at new and

innovative ways of reducing our carbon footprint. We are engaging with higher education institutions and supporting the development of the next generation of healthcare students.

During 2019 we had no cases on initiation of public consultation and disclosure of any pattern, liaison with non-governmental organizations, civil society on environmental and social aspects

We maintain Stakeholder Management Framework to ensure structured approach to such needs. The framework defines the requirements to identify and engage with external stakeholders for all Evex activities, determines procedures for disclosure of information and development of grievance mechanisms.

The Stakeholder Engagement Frameworks sets out basic platform for engagement strategy, lists engagement tools employed to maintain relationship, outline to establish and maintain good relationships and cooperation with key external stakeholders including: Government Authorities; Shareholders; Lenders; Certification Bodies; Non-Governmental Organizations; Customers; Communities; Suppliers and other institutions with the following objectives:

- Earn the trust of external stakeholders.
- Strengthen relationship with external stakeholders to facilitate solution of business issues
- Demonstrate active leadership in stakeholder engagement.
- Protect reputation and enhance company public image.
- Safeguard license to operate, obtain permits and licenses in timely manner.
- Assess existing processes to clearly identify areas of cooperation with each stakeholder.
- Get consultancy and technical expertise.

This document does not apply to engagement with our employees and Contractors which is covered within the Staff Handbook.

In addition to the Framework, internal reporting tool has been implemented to systematically identify and report key data relating to the organization's EHS information. Collection, management and responding to grievance cases are important reportable under the new reporting tool.

Social

Social matters

When developing its strategy and operations improvement processes, we consider the interests of its main stakeholders: its patients, customers, shareholders, employees and society. We strive to support public welfare with all our business activities by developing socially oriented services, applying responsible approaches to our business operations and carrying out sponsorship and charitable activities. In doing so, we follow our undertakings in respect of social and community matters, as set out in our Environmental and Social Policy.

The Group serve three-quarters of the Georgian population and makes every effort to promote a healthy lifestyle. We use our medical expertise in our social initiatives to focus primarily on providing pro bono medical assistance, developing medical infrastructure and improving the health awareness of the population.

Free medical check-ups

Our services cover more than 75% of the Georgian population, as our clinics are located across the country providing access to high-quality medical care even to those living in remote mountain regions. We have put in place a series of measures to ensure access in remote areas, including scheduling regular specialist visits to small towns and villages and transporting patients to larger clinics in urgent cases or where more sophisticated treatment is required.

Our healthcare services business also provides free regular medical examinations in its facilities throughout the country. In 2019, we carried out 28 different free screening programmes in total for up to 72,000 patients. Such free-of-charge medical check-ups and screening programmes include managing tuberculosis, cancer screenings, hepatitis C screening and antenatal programmes.

Furthermore, in 2019, our Hospitals business carried out 24 different free-of-charge medical check-ups, benefiting up to 2,830 patients. Apart from this, during the year our hospitals spent up to GEL 2 million to provide free medical services to the socially and economically disadvantaged groups of the population.

In addition, GHG's specialists deliver free medical services, including examination and treatment of socially and economically disadvantaged groups of the population. In cooperation with other healthcare institutions, the Group arranges free blood donations for its patients.

Children's Oncology Programme

The Group traditionally participates in the Government-subsidized Children's Oncology Programme. Under this programme, we offer cancer treatment to children with different oncology disorders (leukaemia, tumours and lymphomas) in our Iashvili Paediatric Tertiary Referral Hospital ("Iashvili"), a multi-profile paediatric medical establishment, which is the sole provider of paediatric oncology services in Georgia.

Since 2017, the renovated department has enabled us, for the first time in the history of the Iashvili Hospital, to receive patients with solid tumors. In 2019, more than 672 patients with different types of cancer received treatment at Iashvili onco-hematological department, 608 of which have completed the treatment course successfully.

Healthy lifestyle

Living a healthy lifestyle can help prevent chronic diseases and long-term illnesses. To support a healthy lifestyle, we initiated several activities in 2019:

- Sponsoring medical TV programmes is our way of reaching out to a wider population to raise health awareness and promote healthcare practices. In 2019, GEL 167,800 was spent on financing these TV programmes.
- In 2019, our Clinics business launched the Student's Programme. We signed a Memoranda of Understanding (MoU) with 22 universities, in which c.20,000 students were involved. Within this programme, we offered students an extended coverage under UHC and additional discounts on various medical and dental services. During the year, we spent GEL 100,000 on these activities. Within the framework of MoUs, successful students were also offered a six-month scholarship and employment in different administrative positions at our clinics.
- We financed several sports championships and provided sporting equipment to university teams.
- To promote a healthy lifestyle among children, in 2019, we entered into MoUs with ten kindergartens and are in the process of negotiation with 35 kindergartens and schools. Our Clinics business provides free medical support and screening programmes for different diseases to the pupils and teachers of the participating entities.

Sponsorship and charity

As part of our sponsorship and charitable activities, we continue to focus on promoting and enhancing access to education and a healthy lifestyle, facilitating innovative projects dedicated to delivering sustainable results and bringing positive change.

Charity

- In 2018, the Hospitals business signed a memorandum with the Georgian Solidarity Fund. According to the memorandum, we offer fund beneficiaries free medical services at our facilities. In 2019, up to 73 beneficiaries received free medical check-ups at our hospitals.

- The healthcare services business also partners with the Dimitri Tsintsadze Foundation (a charitable fund that helps children suffering from leukaemia and cancer) and the Monk Andria Foundation, and offers 20% discount on all our healthcare services for the funds' beneficiaries.
- We are involved in the Preservation of Natural and Cultural Heritage of Caucasus supported by the Caucasus Nature Fund ("CNF"), which is dedicated to effective long-term management of the protected territories of Armenia, Azerbaijan and Georgia. In 2019, for its tenth anniversary, CNF announced a fundraising campaign. GHG donated GEL c.44,800 to the project.
- In 2019, our Pharmacy and Distribution business sponsored the Children's Hospice "Firefly World" charity event. The Hospice provides holistic palliative care to children, young people and their families

Briefly describe new initiatives implemented during the reporting period or additional managerial efforts on E&S aspects (e.g. Energy/water savings, sustainability report, waste minimization, etc)

In 2019, the Group's healthcare services business achieved a true breakthrough in terms of digital transformation, with successful implementation of almost all elements of the Healthcare Information System ("HIS") in all its healthcare facilities across the country. Composed of Electronic Medical Records ("EMR"), Inpatient Medical Ordering System ("Ordering"), Picture Archiving and Communication System ("PACS") for radiology, Laboratory Information Management System ("LIMS"), and an administrative module including patient registration, visit bookings, billing, payments and reporting functions. Our HIS, developed fully in-house, is based on the best western practices, allows automation of all major processes, provides decision support for doctors and nurses, and is integrated with all domestic mandatory services required by the State.

The administrative module of HIS, involving patient registration, visits booking, payments and receivables, billing and medical inventory management, has been implemented in all GHG healthcare facilities since 2016. However, there were no electronic medical records or electronic medical histories of patients, no medical ordering system, no core operating system for doctors and nurses to help them in their daily work, no medical decision support system, no nurse triage or nurse workflow or any other feature of an EMR, either inpatient or outpatient. Our Group has successfully completed the largest software/core operating system implementation in the history of the country, involving EMR and Ordering almost in all its healthcare facilities. A total of c.9,000 users have been trained and successfully transferred from papers to HIS, c.7,500 of which are doctors and nurses, and another c.1,500 are administrative, operations and support personnel.

By full implementation of outpatient EMR, Clinics business has successfully removed use of papers in all its 15 polyclinics and 19 community clinics in the country. All doctors and nurses have been trained, and they are now working in EMR.

Additionally, we have launched "the Green Project" in 2018 by placing special boxes at our facilities for recycling paper waste. The money received from the sale of scrap paper collected at boxes will be used for various social activities.

The Group's annual consumption of paper stood at approximately 412.2 tonnes in 2019, compared with 520.6 tonnes in 2018 and 669.1 in 2017 respectively

We continually look at ways across the Group of reducing our carbon footprint and contribute to building a recycling-oriented society that strives to coexist with nature.

We consume thousands of kilowatts of electricity annually. Electricity usage accounts for more than half of our total greenhouse gas emissions. To be more environmentally friendly and responsible, we continue to implement energy-saving solutions, such as LED lights and other energy-efficient equipment, for example boilers and heating ventilation and air conditioning systems. In order to reduce air pollution and lessen our negative impact on the environment, our Medical Insurance business has

shifted from traditional petrol-powered vehicles to lower emission hybrid vehicles. Our greenhouse gas emissions have nonetheless continued to increase with the expansion of our business, including the ramp-up of the new hospitals, the expansion of the pharmacy chain, and opening Mega Lab.

In 2019, our Clinics business also joined in energy efficiency initiatives. At the initial stage, one of the clinics switched to Solar Power System, an alternative energy source. To minimize emissions and further contribute to eco-friendly energy consumption, two clinics replaced the diesel-powered heating system with a gas heating system. The business is going to continue implementing such initiatives in 2020.

Damaging effect of plastic on the environment is becoming increasingly well known. Last year the pharma business replaced plastic bags with eco-friendly canvas bags and put in place a reward system for our pharmacies' customers to encourage them to use the canvas bags. In addition to canvas bags, Pharmadepot reluctantly uses paper bags as well. To reduce the use of paper bags, Pharmadepot has launched the following campaign – customers who return five branded paper bags get a discount on their next purchase. The returned bags are recycled to save materials and to lessen our impact on the environment.

We introduced eco batteries at our pharmacies that are 100% safe for standard recycling. This is a totally exclusive and novelty product in the Georgian market. Selling eco batteries once again emphasizes our company's responsibility for and approach to environmental matters.

In order to reduce air pollution and lessen our negative impact on the environment, our medical insurance business has shifted from traditional petrol-powered vehicles to hybrid vehicles. Hybrid vehicles are more fuel-efficient and emit less gas.

Briefly describe the number and type of comments and/or grievances received by the Company in relation to E&S Issues? How many have been resolved and how many are pending? (Please attach a table with grievance redress registry)

There was a single reported case of grievance during the reporting period relating to environmental and social matters - In June 2019 the residents from the residential blocks adjacent to DKC raised complaint on noise emissions arising from oxygen system as well as vehicle movement over vehicle ramp. According to complainant, noise emissions resulted in considerable disturbance to the community surrounding the healthcare facility and insisted on mitigation actions. Also, concerns were raised on proximity of medical waste storage to residential buildings and related health risks to neighboring communities.

The complaint was thoroughly investigated. Noise measurements were performed adjacent to oxygen systems and identified to be within the limits. Defective ramp was repaired. Response letter was submitted to community detailing measures taken and specifying waste storage practices applied at facility – medical waste that represented main concern are placed within closed building inside designated containers and disposed offsite on regular basis. Wheelie bins placed at in the yard within DKC premises were designated for non-hazardous domestic types of wastes only, also subject to regular removal from municipal services. The concern was closed.

Labor and Working Conditions

Have you changed your Human Resources (HR) policies, procedures or working conditions during the reporting period?

☒ Yes ☐ No Provide details

A new guideline was developed on Personal Information Protection. Additionally, an Instruction for Nurses was updated in line with the Corporate Handbook

Provide the following information regarding your workforce (Note: please fill the table below for each facility under your operation-please add rows as much as needed):

Name of Facility (Legal Entities)	# of direct employees	# female direct employees	# employees terminated	# employees hired	# Contractor employees ²	Overall Number of employees
ESEX Hospitals	5207	4449				5649
Pediatrics	5	139				181
New Clinics	212	203				248
Essex Logistics	28	16				33
High Medical Technology Centre University based Clinic	811	633				853
Nephrology Development Clinical Centre	38	36				38
Caucasus Medicine Centre	660	536				724
Pathgeo – Pathology Union	1	1				1
Western Georgia Intervention Centre after Z. Tskhakaia	837	686				868
Emergency Service	285	156				285
Paediatric Institute, Allergy and Rheumatology Centre	0	0				1

NB: Figures are provided at Legal Entity Level hence HR data software does not enable further break down to specific facility level. It must be noted that number of employees hired, and employees terminated cannot be extracted on the facility and legal entity level.

Labour and Social Protection

Please describe the means adopted to ensure that the national labour code and internationally recognized Core Labour Standards (CLS) are implemented by the company and for each project / operation during the reporting period with regard to employees, contractors and suppliers.

² Contractors performing core functions for the Company in the premises of the Company or in the name of the Company

Please describe how the Company monitors project / operations' compliance with these provisions.

Confirm compliance with these provisions or describe if there have been any non-compliance occurrences and specify corrective actions adopted.

We implement an Employee Corporate Manual, that was developed in 2016 and is currently in place within the organization. The handbook includes detail and application of the internal grievance mechanism, harassment and discrimination policy, conflict and violence management issues, internal dispute resolution mechanism, HSE requirements, work hours, overtime and breaks, as well as maternity policy.

We deliver inductions to all staff upon employment including a rundown of core policies, procedures, requirements and benefits. This includes the HR system, how to locate and operate it and the central components of the system. HR system contain commitments of compliance to the Labour Code of Georgia and includes commitments to adhere to ILO Core Labour Standards.

HR team manages disputes and disciplinary actions within the organisation on a case by basis according to the set dispute resolution procedure set out in the Corporate Handbook. In this procedure, Evex management informs the head of HR for each disciplinary case. Management gathers information from all conflict parties to understand complaints and description of what occurred. Information about the issue is then prepared and shared with the employee(s) subject to disciplinary hearing or actions. If the employee to be disciplined agrees to the summary of information and the conclusion/recommendations, they sign off on the report. If the employee(s) disagree they can escalate this to Georgian Employment Relations regulator hearing to resolve the issue.

Occupational Health and Safety

Please provide the prevailing national and/or international standards and monitoring requirements applicable to different projects under construction and/or operation.

Please provide, by type of projects, occupational health and safety statistics including regular or incidental monitoring of: (i) health and (ii) exposure (e.g. radiation, biological hazards); total working hours, lost time, injury rate (IR), number of incidents and near misses.

Provide description of the major incidents recorded during the reporting period and share the lessons learned and corrective action(s) planned or implemented.

Please provide details of mandatory occupational health and safety inspections conducted for different projects under construction and operation.

Confirm compliance or explain any non-compliance identified and propose corrective actions.

Describe the main changes implemented in terms of Occupational Health and Safety (OHS) during the reporting period, e.g. identification of hazards, substitution of chemicals, new controls, etc.

Please fill in the tables below for the facilities including laboratories and training center. As applicable, please also provide the data for the previous two years (e.g. 2015, 2016) to assess any trends.

Occupational Health and Safety

Occupational Health and Safety for employees represents a key risk area for the hospitals and encompasses a range of areas. Substantial consideration has been applied to OHS from a policy and procedure perspective, with safety procedures and task flow charts kept in place for all functions within the hospitals. This included PPE requirements, noise, heat, light and other hazard identification and warning signs. EVEX had established and implemented Infection Control and Prevention and Fire and Emergency systems in place. The awareness of risks to workers due to related to infection hazards, chemical handling risks, waste management and safe work practices are consistent across the facilities and well embedded.

Quality Management Programme

A Quality Management Programme was created in 2015 that relies on modern approaches to quality matters in healthcare. The main goal of the programme is to form a new quality management framework based on methodical and comprehensive assessment of clinical practices.

To manage the programme, committees as well as in working units where formed, both of which operate at local and head office levels.

The main functions defined of committees in respect of the Quality Management Programme are:

- Identification of key quality and safety measures for hospitals;
- Suggestion of key recommendations for improvement based on analysis of quality metrics throughout the network; and
- Trend observation and programmes approval.

Presently it started with the head office and a few healthcare facilities but, in the future, committees will be formed for all referral hospitals. It is expected that the committees of these referral hospitals will meet at least twice a year. The chief clinical officer will be responsible for quality management at community hospitals.

working units are responsible for execution of defined quality management goals and objectives. They collect medical data in hospitals and carry out their own analysis for increased centralized reporting.

Each working unit has a chief quality officer, a junior quality control specialist, an epidemiologist and a nurse specializing in the prevention of hospital infection.

Working units are actively involved in other clinical standardization processes relating to:

- Optimization of patient, information, medical and non-medical documentation flows;
- Development of clinical protocols and standard operating procedures in hospitals; and
- Standardization of billing and pricing processes.

Periodically, the units participate in other cross-functional and special projects. For instance, they set safety criteria for the expansion of hospitals in terms of infection control, patient safety, design and facility requirements for the Kutaisi Oncology Centre.

Effective data management can only be based on the monitoring of reliable indicators. Creating own adequate Group-wide database has therefore been one of major priorities. We have put mechanisms in place that allow us to routinely monitor core clinical activities. We have established databases which

set core quality and safety indicators for our units with the highest risk (ICU, Neonatal Intensive Care Unit (“NICU”), Paediatric Intensive Care Unit (“PICU”)).

There were databases created containing information on mortality rates, penalties, medical errors and case reviews. An effective mechanism for providing reporting and feedback is also being created. We aim to integrate these databases into the centralized software of EVEX. This will help to systematically identify and report key occupational health and safety data across the organization.

Quality Department has a leading role in running Infection Control and Safety Committees and development of procedures and protocols in the areas of radioprotection, infection control and prevention (including needle-stick injuries prevention measures) and patient safety that fall under occupational health and safety. The guiding documents are:

Infection Control Programme: Aims to reduce the spread of nosocomial infections (hospital-associated infections), morbidity, death and cost of medical services. For this purpose, defines two main directions: prevention of infection and management of already existed infections.

The program aims to: Reduce the risk of infections in patients and medical staff; Identification of infections and establishing the principles / measures for monitoring this process; introduce evidence-based medical principles based on the best practice principles in prevention of infections; Study and surveillance of the pathogenic flora of the clinic; Reducing the risk of infections related to medical devices, equipment and procedures.

Managing Accident Control and Safety in Healthcare: The document focuses on safety issues, which are currently important for medical facilities, including following directions: safety of patients, safety of medicines, radiation safety, allergies on latex, reaction to chemical reagents, biological risks, safety of work environment and public safety. Hazard control, risk management and proactive safety management programs.

Policy of Application of Personal Protective Means in Radiation Safety: Policy of Personal Safety Means is elaborated in compliance with the law of Georgia on “Nuclear and Radiation Safety” “Technical Regulations in Medical Radiation for Radiation Safety Requirements” and International Standards operating in nuclear and radiation safety and determines the rules of application of personal safety means as one of the components of radiation safety system.

The goal of the policy is to protect patients and personnel against negative impact of ionizing irradiation through promoting modern radiation safety standards, Also, to promote introduction of radiation safety system in medical facilities and ensure the high-quality radiation studies in consideration with radiation safety principles.

TB Prevention Protocol: The goal is prevention, early detection and reduction of the spread of tuberculosis infections in medical institutions as well as in ambulatory and hospital network.

Quality Management Policy: the document aims to Improve the patient's quality of service quality by teamwork; Implement the efficient and efficient system of quality management; Implementing a system where permanent monitoring of clinical activity by all seven factors determining its effectiveness; Establishing effective communication and retrieval mechanism with personnel by coordinating and managing information provided in the quality service; Promote improvement of medical activity through evidence-based principles through timely identification of problems

Risk Management Program: Purpose of the program is to promote a risk reporting, monitoring and review system; Ensure the environment and approaches in the corporation to manage the risks; Existing or potential risks related to the activities of corporative medical entities; Assess the identified risks through prioritization and develop a response plan; Modern approaches to risk management in the daily activities of the corporation

Antimicrobial Resistance (AMR)

We recognize our responsibility to contribute to the global efforts to tackle AMR. Recognizing the challenges faced in our healthcare facilities, the clinical staff from the head office, as well as at the hospitals, devised a plan with a multi-disciplinary stepwise approach. At the initial stage, we focused on implementation of core elements of Infection Prevention and Control, which is the starting point for further Antibiotic Stewardship activities.

We have developed a three-year IPC programme. In collaboration with the US Center of Disease Control and Prevention ("CDC") representative office in Georgia, our medical staff participated in special IPC training sessions. IPC-trained nurses were based at each hospital and, with the help of our epidemiologists, now supervise the hospitals' infections control and prevention activities. Our staff are also engaged in developing national IPC guidelines and protocols. Intensive Care Units ("ICUs") were identified as the highest risk areas in hospitals, where quality data collection, IPC reporting and feedback systems were implemented.

We started to manage the use of antibiotics through relevant restrictions and authorizations. In each hospital, a clinician is assigned to oversee the prescription of antibiotics and restrict the use of third line antibiotics without the authorization of a special clinical team. A position of the Chief Pharmacist was created at the head office level, to which a specialist with an internal medicine background was appointed. The Chief Pharmacist, together with the hospital's Chief Clinical Officer and medical personnel, authorize these prescriptions. Apart from IPC reporting, quality teams must collect quality and safety metrics in the ICUs and hospitals mortality dataset. The information related to antibiotics, such as the group of antibiotics, the length of use and the side effects of antibiotics, form part of the quality report.

Our clinical teams from the head office, as well as at the hospitals, analyze the report, including the information on frequently used antibiotics in the ICUs, how long they are used and how often clinicians' resort to de-escalation. Based on this analysis, the areas for improvement are identified and relevant steps for actions are defined.

In 2019, in collaboration with the European Bank for Reconstruction and Development ("EBRD"), we conducted an AMR workshop session. Experts from the UK performed point prevalence research based on the Antibiotic Stewardship audit toolkit. Based on the audit results, we received feedback covering antimicrobial stewardship capacity and capability assessment. Antimicrobial Stewardship (AMS) awareness among our staff, strong support from leaders, effective link to the quality improvement activities, a formalized IPC system, a functioning microbiology lab infrastructure and commitment to biosafety were defined as key strengths of our healthcare facilities.

The progress made by the Group in the previous years was positively assessed. However, in order to achieve medium to long-term sustainable success, we received a list of recommendations, which we plan to implement step-by-step in our quality and safety system.

Report Total numbers for each parameter	This reporting period		Previous year	
	Direct employees	Contractor employees	Direct employees	Contractor employees
Number of employees	<i>15,900</i>		<i>11,544</i>	<i>1,256</i>
Total man-hours worked	<i>No data obtained</i>	<i>No data obtained</i>	<i>No data obtained</i>	<i>No data obtained</i>
Number of fatalities	<i>0</i>	<i>0</i>	0	0
Number of LTAs*	<i>1*</i>	<i>0</i>	0	0
LTA Frequency Rate (No of LTAs/million working hours)	<i>NA</i>	<i>NA</i>	NA	NA
Total number of lost workdays	<i>3</i>	<i>0</i>	0	0
Severity Rate (No of lost days/million working hours)	<i>0</i>	<i>0</i>	0	0
Number of new occupational disease cases	<i>0</i>	<i>0</i>	0	0
Number of Vehicle collisions resulting in injuries	<i>0</i>	<i>0</i>	0	0

- An employee injured arm at work and spent 3 days off-work

Provide details for the non-fatal injuries during this reporting period:

Accident reporting is centralized by the Quality Team. 39 cases of needle stick injuries were reported and taken care throughout the reporting period.

Company or contractor employee?	Total workdays lost	Description of injury	Cause of accident	Corrective measures to prevent reoccurrence
<i>Company Employee</i> (39 cases of reported needlestick injury)	<i>NA</i>	Needlestick injury	Accidental Needlestick injury while performing daily duties	Immediate measures: Immunization on hepatitis Preventive measures: Planned awareness / training program rollout to nursing personnel on needlestick risks, safe handling and disposal of used needles

Describe in detail fatalities and vehicle accidents, including corrective measures (provide copies of OHS investigation and respective corrective plan).

Life and Fire Safety

Please provide details of mandatory fire safety inspections conducted for different projects under construction and operation.

Confirm compliance or explain any non-compliance identified and propose corrective actions.

In December 2018 we hosted Life and Fire Safety audit, conducted by the KARINA Design, Consultancy and Training Services LTD. DKC and Sunstone Facilities were audited. Several gaps were identified by the Auditors both facilities in the areas of:

- Fire rated door condition and quality
- Compartmentation of the base floors
- Compartmentation of the inpatient rooms
- Separation of service shafts as separate fire compartments
- Separation of elevator shafts as separate fire compartments
- Compartmentation of the corridors
- Unavailability of detection system for the concealed spaces
- Need for a dedicated and listed fire pump and reservoir for sprinkler system and fire hoses at sunstone
- Defective emergency lighting
- Defective emergency signs
- Pressurization of the staircases towards the fire exits

We established contract with KARINA Design, Consultancy and Training Services LTD in 2019 for the purpose of provision of Independent Architectural and Engineering Consultancy Services for the assessment or improvement services of existing/installed Fire & Life Safety means and required corrections in the hospital buildings in accordance with international standards. In order to have nationally and internationally accepted, design and implementation of Fire&Life Safety issues in “Deka Hospital”.

The relevant subjects to be covered within the scope shall be as follows:

➤ Fire Prevention

- Combustible material control
- Ignition source control
- Preventing combustible-ignition source interaction
- Safe Operations and Handling of Hazardous Material

➤ Life Safety Means

- Means of Egress
- Emergency Lighting
- Emergency Exit Signage
- Forced/Natural Smoke Ventilation
- Stairwell Pressurisation
- Smoke Compartmentation

➤ Passive Protection Means

- Structural Fire Protection
- Fire Compartmentation (fire partitions, fire doors, fire dampers, etc.)

- Manual Intervention Means
 - Portable Extinguishers
 - Indoor Hose System

- Automatic Intervention Means
 - Automatic Sprinkler Systems
 - Automatic Gas Suppression Systems
 - Automatic Kitchen Hood Suppression Systems

- Fire Detection & Alarm System
 - Fire Detection System
 - Audio-visual Indicating & Announcement System

- Complementary Systems
 - Fire Water Demand Analysis
 - Fire Water Reservoir
 - Fire Water Pressurisation (Fire Pump) System
 - Fire Water Distribution System

- Readiness & Emergency Management
 - Emergency Evacuation Planning
 - Emergency Planning
 - Fire Department Intervention

- Operation & Maintenance
 - Maintenance Management
 - Periodic Maintenance Programs

Please complete the following table for each location (facility). Multiply tables as necessary.

Fire Safety Verification Activities	Mandatory Frequency	Date(s) Performed	Observed Deficiencies	Corrective Actions and Schedule For Implementation
Fire Drills	Minimum: three/year	NA	NA	NA Fire drills were not implemented during 2019. Drills are planned with guidance and participation of KARINA Representatives in 2020
Inspect and certify fire detection and suppression	Minimum: one/year	Routine Internal Inspection	DKC Systems inspected: 1. Smoke and heat	Planned internal inspection / maintenance.

Fire Safety Verification Activities	Mandatory Frequency	Date(s) Performed	Observed Deficiencies	Corrective Actions and Schedule For Implementation
electrical and mechanical systems			<p>detectors – 383</p> <p>2. Centralized Alarms – 1</p> <p>3. Manual alarm Call points – 227</p> <p>4. Fire hose Reels - 31</p> <p>Sunstone Systems inspected:</p> <p>5. Smoke and heat detectors – 350</p> <p>6. Centralized Alarms – 1</p> <p>7. Manual alarm Call points – 212</p> <p>8. Fire Hose Reels - 27</p>	<p>Persistent Centralized Alarms Control panel malfunction issue was detected at Sunstone and corrections planned with system provider.</p> <p>Cases of defective water supply systems and non-functional fire hose reels were identified at both healthcare facility</p>
Inspect, refill/recharge portable fire extinguishers	Minimum: two inspections/ year	Quarterly Facility Visits by Contractor	<p>DKC 158 Fire Extinguishers inspected. 24 Replaced with new</p> <p>Sunstone: 127 Fire Extinguishers inspected. 44 were replaced</p>	External provider (Achara fire Protection) is contracted to provide planned inspection and replacement of fire extinguishers across the entire corporation including DKC and Sunstone hospitals.

Resource Efficiency and Pollution Prevention

Provide the following environmental monitoring data for this reporting period. If you already have all the data requested available in another format, this can be submitted instead. Please provide precise locations of all monitoring points.

Effluents Levels for Health Care Facilities

Liquid effluent refers to all types of liquid waste which is discharged from the project site. Types of liquid effluent include process, sanitary, stormwater, and thermal discharges.

Please provide the prevailing national and/or international standards, including the indication of the permitted maximum levels, and monitoring requirements of liquid effluent discharges, and ambient surface water requirements applicable to different projects under construction and operation.

Confirm compliance or explain any exceedance / non-compliance identified and propose corrective actions.

Complete the table below to provide quantitative data on DKC and Sunstone Effluents Levels. Please provide Georgia’s Adjective maximum levels in Georgia’s Adjective units in the table below.

How many monitoring points for effluents for health care waste will DKC and Sunstone hospitals have?

To manage wastewater generated at our healthcare facility a designated document was developed and endorsed by Management - Wastewater Management and Monitoring Procedure. The document describes wastewater management at healthcare facilities: responsibilities, preventive measures to minimize pollution, and additional monitoring and treatment issues specifically for DKC and Sunstone.

We started installing wastewater Treatment Plants at DKC and Sunstone – project is complete for DKC and ongoing for Sunstone facility.

Sampling and analysis of the sewage from DKC and Sunstone was conducted as a basis for the design of the WWTP considered for installation of both of these facilities. Sampling and monitoring of wastewater are undertaken.

DKC and Sunstone each have one effluent monitoring point at the central wastewater collection manhole before the connection to municipal sewerage system. Samples are collected monthly from these manholes. Sampling results are given in the tables below

DKC Effluent Monitoring results for January:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	8.15	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	24	mg/l	24 mg/l
Chemical oxygen demand COD	250	mg/l	12	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	37.7	mg/l	37.7 mg/l
Total Suspended Solid(TSS)	50	mg/l	10.0	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0028	mg/l	<0.0028 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.0093	mg/l	0.0093 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	1050000	MPNa / 100ml	105000 MPN ^a / 0 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	15 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		12°c		

Sunstone Effluent Monitoring results for January:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.80	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	190	mg/l	190 mg/l
Chemical oxygen demand COD	250	mg/l	270	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	<5	mg/l	<5 mg/l
Total Suspended Solid(TSS)	50	mg/l	5	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.039	mg/l	0.39 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	780 000	MPNa / 100ml	780 000 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	15 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		13°c		

DKC Effluent Monitoring results for February:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH	6-9	S.U	8.14	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	45.1	mg/l	45.1 mg/l
Chemical oxygen demand COD	250	mg/l	64	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	<5	mg/l	<5 mg/l
Total Suspended Solid(TSS)	50	mg/l	10	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.036	mg/l	0.036 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	1150000	MPNa / 100ml	115000 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	15 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		12°c		

Sunstone Effluent Monitoring results for February:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	8.09	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	80.3	mg/l	80.3 mg/l
Chemical oxygen demand COD	250	mg/l	158	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	<5	mg/l	<5 mg/l
Total Suspended Solid(TSS)	50	mg/l	8.0	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.2 mg/l
Phenols	0.5	mg/l	0.039	mg/l	0.039 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	870 000	MPNa / 100ml	870 000 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	15 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		12°c		

DKC Effluent Monitoring results for March:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.6	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	63.4	mg/l	63.4 mg/l
Chemical oxygen demand COD	250	mg/l	82	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	<5	mg/l	<5 mg/l
Total Suspended Solid(TSS)	50	mg/l	12	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.2 mg/l
Phenols	0.5	mg/l	0.002	mg/l	0.002 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	910 000	MPNa / 100ml	MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	15 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		10 ⁰ c		

Sunstone Effluent Monitoring results for March:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.7	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	59.2	mg/l	59.2 mg/l
Chemical oxygen demand COD	250	mg/l	80	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	<5	mg/l	<5 mg/l
Total Suspended Solid(TSS)	50	mg/l	10	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.034	mg/l	0.034 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	730 000	MPNa / 100ml	730 000 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	15 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		10°c		

DKC Effluent Monitoring results for April:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.89	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	70.5	mg/l	70.5 mg/l
Chemical oxygen demand COD	250	mg/l	92.0	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	5.6	mg/l	5.6 mg/l
Total Suspended Solid(TSS)	50	mg/l	4.0	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.16	mg/l	0.16 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	200	MPNa / 100ml	MPN ^a / 200 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	15 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		12°c		

Sunstone Effluent Monitoring results for April:

Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)	DKC/Sunstone Performance (WBG/IFC Units)	Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²	DKC/Sunstone Performance (Country of Investment Adjective Units) ²
pH 6	6-9 S.U	7.95 S.U	6.5-9 S.U	7.95 S.U
Biochemical oxygen demand (BOD ₅)	50 mg/l	155.0 mg/l		155.0 mg/l
Chemical oxygen demand COD	250 mg/l	205.4 mg/l	< BOD x2.5 Mg/l	205.4 mg/l
Oil and Grease	10 mg/l	22.6 mg/l		22.6 mg/l
Total Suspended Solid(TSS)	50 mg/l	18 mg/l	500 mg/l	18 mg/l
Cadmium(cd)	0.05 mg/l	<0.001 mg/l		<0.001 mg/l
Chromium(Cr)	0.5 mg/l	<0.0025 mg/l		<0.0025 mg/l
Lead(Pb)	0.1 mg/l	<0.008 mg/l		<0.008 mg/l
Mercury (Hg)	0.01 mg/l	<0.0005 mg/l		<0.0005 mg/l
Chlorine, total residual	0.2 mg/l	<0.02 mg/l		<0.02 mg/l
Phenols	0.5 mg/l	0.09 mg/l		0.09 mg/l
Total coliform bacteria	400 MPN ^a / 100ml	150 MPNa / 100ml		150 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1 Ng/L	- Ng/L		-
Temperature increase	<3 ^b °c	12 ^c	40 ^o c (This presents a limit of maximum effluent temperature for discharge into sewerage)	15 ^o c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)

DKC Effluent Monitoring results for May:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	6.1	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	80	mg/l	80 mg/l
Chemical oxygen demand COD	250	mg/l	110	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	<5	mg/l	<5 mg/l
Total Suspended Solid(TSS)	50	mg/l	19	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.024	mg/l	0.024 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	1080 000	MPNa / 100ml	1080 MPN ^a / 000 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	25 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		20°c		

Sunstone Effluent Monitoring results for May:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.72	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	175	mg/l	175 mg/l
Chemical oxygen demand COD	250	mg/l	230	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	11.9	mg/l	11.9 mg/l
Total Suspended Solid(TSS)	50	mg/l	9	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.019	mg/l	0.019 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	820 000	MPNa / 100ml	820 000 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	25 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		18°c		

DKC Effluent Monitoring results for June:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	6.5	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	18	mg/l	18 mg/l
Chemical oxygen demand COD	250	mg/l	32	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	<5	mg/l	<5 mg/l
Total Suspended Solid(TSS)	50	mg/l	9	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.144	mg/l	0.144 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	1200 000	MPNa / 100ml	1200 MPN ^a / 000 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	25.2 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		20°c		

Sunstone Effluent Monitoring results for June:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.75	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	46.5	mg/l	46.5 mg/l
Chemical oxygen demand COD	250	mg/l	62	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	6.5	mg/l	6.5 mg/l
Total Suspended Solid(TSS)	50	mg/l	6	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.035	mg/l	0.035 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	850 000	MPNa / 100ml	850 000 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	23 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		18°c		

DKC Effluent Monitoring results for July:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	6.95	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	113	mg/l	113 mg/l
Chemical oxygen demand COD	250	mg/l	180	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	8.5	mg/l	8.5 mg/l
Total Suspended Solid(TSS)	50	mg/l	10	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.0037	mg/l	0.0037 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	1670 000	MPNa / 100ml	1670 MPN ^a / 000 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	25 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		22°c		

Sunstone Effluent Monitoring results for July:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.80	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	139	mg/l	139 mg/l
Chemical oxygen demand COD	250	mg/l	190	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	5.3	mg/l	5.3 mg/l
Total Suspended Solid(TSS)	50	mg/l	8	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0044	mg/l	<0.0044 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.024	mg/l	0.024 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	1050 000	MPNa / 100ml	1050 MPN ^a / 000 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase					25 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		23°c		40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)

DKC Effluent Monitoring results for August:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.89	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	139	mg/l	139 mg/l
Chemical oxygen demand COD	250	mg/l	190	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	5.6	mg/l	5.6 mg/l
Total Suspended Solid(TSS)	50	mg/l	19	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.24	mg/l	0.24 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	1200000	MPNa / 100ml	1200000 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	27 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		23°c		

Sunstone Effluent Monitoring results for August:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	8.09	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	190	mg/l	190 mg/l
Chemical oxygen demand COD	250	mg/l	270	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	22	mg/l	22 mg/l
Total Suspended Solid(TSS)	50	mg/l	18	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.09	mg/l	0.09 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	1670000	MPNa / 100ml	167000 0 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	27 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		22°c		

DKC Effluent Monitoring results for September:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.07	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	76.8	mg/l	76.8 mg/l
Chemical oxygen demand COD	250	mg/l	106	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	5.45	mg/l	5.45 mg/l
Total Suspended Solid(TSS)	50	mg/l	10	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.14	mg/l	0.14 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	832000	MPNa / 100ml	832000 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	25 ⁰ c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		18 ⁰ c		

Sunstone Effluent Monitoring results for September:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.71	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	117	mg/l	117 mg/l
Chemical oxygen demand COD	250	mg/l	174	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	12.3	mg/l	12.3 mg/l
Total Suspended Solid(TSS)	50	mg/l	9.4	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.0042	mg/l	0.0042 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	817000	MPNa / 100ml	817000 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	25 ⁰ c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		15 ⁰ c		

DKC Effluent Monitoring results for October:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.89	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	139	mg/l	139 mg/l
Chemical oxygen demand COD	250	mg/l	190	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	5.6	mg/l	5.6 mg/l
Total Suspended Solid(TSS)	50	mg/l	19	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.24	mg/l	0.24 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	1200000	MPNa / 100ml	1200000 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	27 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		23°c		

Sunstone Effluent Monitoring results for October:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	8.09	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	190	mg/l	190 mg/l
Chemical oxygen demand COD	250	mg/l	270	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	22	mg/l	22 mg/l
Total Suspended Solid(TSS)	50	mg/l	18	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.09	mg/l	0.09 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	1670000	MPNa / 100ml	167000 0 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	27 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		22°c		

DKC Effluent Monitoring results for November:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.07	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	76.8	mg/l	76.8 mg/l
Chemical oxygen demand COD	250	mg/l	106	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	5.45	mg/l	5.45 mg/l
Total Suspended Solid(TSS)	50	mg/l	10	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.14	mg/l	0.14 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	832000	MPNa / 100ml	832000 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	25 ⁰ c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		18 ⁰ c		

Sunstone Effluent Monitoring results for November:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.71	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	117	mg/l	117 mg/l
Chemical oxygen demand COD	250	mg/l	174	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	12.3	mg/l	12.3 mg/l
Total Suspended Solid(TSS)	50	mg/l	9.4	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.0042	mg/l	0.0042 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	817000	MPNa / 100ml	817000 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	25 ⁰ c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
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DKC Effluent Monitoring results for December:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	7.89	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	139	mg/l	139 mg/l
Chemical oxygen demand COD	250	mg/l	190	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	5.6	mg/l	5.6 mg/l
Total Suspended Solid(TSS)	50	mg/l	19	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.24	mg/l	0.24 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	1200000	MPNa / 100ml	120000 0 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	27 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		23°c		

Sunstone Effluent Monitoring results for December:

Effluents Levels : Monitoring Point Location - Central wastewater collection manhole (before the connection to municipal sewerage system)					
Pollutants	WBG/IFC Maximum Levels (WBG/IFC Units)		DKC/Sunstone Performance (WBG/IFC Units)		Country of Investment Adjective Maximum Levels (Country of Investment Adjective Units) ²
pH 6	6-9	S.U	8.09	S.U	6.5-9 S.U
Biochemical oxygen demand (BOD ₅)	50	mg/l	190	mg/l	190 mg/l
Chemical oxygen demand COD	250	mg/l	270	mg/l	< BOD x2.5 Mg/l
Oil and Grease	10	mg/l	22	mg/l	22 mg/l
Total Suspended Solid(TSS)	50	mg/l	18	mg/l	500 mg/l
Cadmium(cd)	0.05	mg/l	<0.001	mg/l	<0.001 mg/l
Chromium(Cr)	0.5	mg/l	<0.0025	mg/l	<0.0025 mg/l
Lead(Pb)	0.1	mg/l	<0.008	mg/l	<0.008 mg/l
Mercury (Hg)	0.01	mg/l	<0.0005	mg/l	<0.0005 mg/l
Chlorine, total residual	0.2	mg/l	<0.02	mg/l	<0.02 mg/l
Phenols	0.5	mg/l	0.09	mg/l	0.09 mg/l
Total coliform bacteria	400	MPN ^a / 100ml	1670000	MPNa / 100ml	167000 0 MPN ^a / 100ml
Polychlorinated dibenzodioxin and dibenzofuran (PCDD/F)	0.1	Ng/L	-	Ng/L	-
Temperature increase				40 °c (This presents a limit of maximum effluent temperature for discharge into sewerage)	27 °c (This presents not a temperature increase during discharge but a baseline effluent temperature during the sampling)
	<3 ^b °c		22°c		

Notes:

^a MPN = Most Probable Number

^b At the edge of a scientifically established mixing zone which takes into account ambient water quality, receiving water use, potential receptors and assimilative capacity

¹ Provide a scaled facility map showing the precise location of all discharges from health care waste facilities.

² Report country standards. Projects are expected to achieve whichever that is more stringent.

Non-Hazardous Waste Management

Solid waste refers to non-liquid, non-soluble unwanted materials that contain complex substances and require disposal or could be recycled as raw material. Examples of solid waste include sewage sludge, stabilized bottom ash, inert construction and demolition wastes, and general refuse.

Please list the types of solid waste produced and provide information on the methods of collection and disposal of non-hazardous solid waste. Please fill in the table below for each facility operated by Evex. Please multiply the table as needed and add rows if needed.

Describe, if any, measures to ensure safe delivery of such materials to the designated disposal outlets.

Confirm compliance or explain any exceedance / non-compliance identified and propose corrective actions.

Medical facilities' one of most significant environmental impact is the generation of medical waste. Environmental risks can be significantly minimized with proper waste handling and safe disposal. In identifying and minimizing this environmental impact and putting these procedures into practice we follow established Waste Management Procedure. Our waste management process is compliant with the industry best practices and relevant Georgian legislation, which defines the risk categories and the appropriate procedures for medical waste treatment.

We have always ensured that our medical waste management record-keeping standards remained at least in line with the national legislative requirements. We further amended such standards in 2018 to be in compliance with new national regulations that came into force during 2018. Our personnel are responsible for registering the information on the produced hazardous waste on the Government platform and filling out waste registration and transportation forms. To further reduce risks and maintain regulatory compliance, we conduct frequent internal trainings on waste management procedures. At each of our hospitals, there is a special storage room set up to keep waste before final disposal.

Special storage rooms are set up at each of our hospitals, to store the waste before final disposal. For waste collection, we use plastic bags that have sufficient strength and are secured with staples to safely retain waste. Also, we do not fill more than two-thirds of the bags' capacity. Further, steam sterilization is used to decontaminate biological and biohazardous waste, including blood.

All used sharp objects are placed in labelled, hermetically sealed single-use containers made of hard plastic. Waste is collected from our sites daily, or twice a day when required. The maximum on-site storage time of waste is 24 hours.

To prevent human or environmental harm, our healthcare facilities collect and dispose of medical and biological waste through a specialized outsourced service.

We continue to look at innovative ways of reducing medical and biological waste and take advantage of best practices both in Georgia and internationally.

DKC

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.07</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>2.5t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.1t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>100m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Sunstone

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>2t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>5t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated</i>

			<i>Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>07t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>95m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Gldani Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.04t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.4t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>10m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Mtatsminda Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.05t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.3t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.02t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>8m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Didi Digomi Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.4t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.04t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>6m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Didube Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.02t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.04t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>10m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Isani Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.5t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>11m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Varketili Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.3t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.04t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>9 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Traumatology Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.8t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>1.9t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.05t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>63 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Zugdidi Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.04t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

General healthcare waste (Paper and Cardboard)	0.5t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	5.3 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Zugdidi Referral Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.8t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1.9t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.4t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	71 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Poti Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

<i>materials, clean single use clothing etc.)</i>			
<i>General healthcare waste (Paper and Cardboard)</i>	<i>1.0t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.04t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>7 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Martvili hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.02t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.8t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.04t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>6.5 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Chkhorotsku hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

<i>materials, clean single use clothing etc.)</i>			
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.7t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>6.8 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Tsalenjika hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.6t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.02t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>6 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Khobi hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
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<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.02t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.6t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.02t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>7 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Abasha hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.4t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>7.8m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Khoni Referral hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
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<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>1.4t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.04t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>12 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Terjola Referral hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>1.1t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>6 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Tkibuli Referral hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
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<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.05t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.6t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.05t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>8 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Kutaisi Referral hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.3t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>1.5t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.5t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>127m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Marneuli Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
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<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.4t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.03t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>9 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Iashvili Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.4t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.2t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.8t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>62 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Telavi Referral Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
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<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.3t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.1</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.7t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>20 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

Karaps Medline Clinic

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)</i>	<i>0.3t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste (Paper and Cardboard)</i>	<i>0.1</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Recycling by designated Contractor (Tissue-paper)</i>
<i>General healthcare waste (Biodegradables from Canteen)</i>	<i>0.7t</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>
<i>General healthcare waste</i>	<i>29 m3</i>	<i>Stored in skips at Facility Waste Collection Point</i>	<i>Disposal at municipal landfill</i>

I Tsitsishvili Children Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.4t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.6t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	64 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Telavi Ambulatory

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.4t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.5t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	8 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Akhmeta Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.2t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.2t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	9 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Kvareli Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.1t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.1t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	10m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Poti Central Clinical Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.06t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.4t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	26m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

“Saint Nicolaus” Surgical and Oncology Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.09t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.9t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.4t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	49 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Western Georgia National Intervention Medicine Center after “Z. Tskhakaia”

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1.4t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.4t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	145 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

LTD Alian Medi Clinic

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.6t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	11 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

LTD New Clinic

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.4t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	12 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

LTD Children Central Hospital after M Iashvili

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.02t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.03t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.5	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	107 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Batumi Referral Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.4t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	2.1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.5t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	73 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Chakvi Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.5t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.3t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.07t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	7 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Khulo District Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.6t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.02t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	7 m ³	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Kobuleti Referral Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.5t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.8t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.5t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	45 m ³	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Keda District Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1.3t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	10 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Shuakhevi District Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.02t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.02t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	6 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Oncology Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.02t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.06t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	59 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Adigeni Regional Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.02t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.02t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	6 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Akhaltzikhe Regional Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.02t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1.1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	77 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Akhaltzikhe Regional Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	1.1t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.05t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	79 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Akhalkalaki Regional Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.08t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.9t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	51 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Aspindze Regional Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.02t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.02t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	5 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Ninotsminda Regional Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.04t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.03t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	10 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Tskaltubo District Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
General healthcare waste (gypsum, clean lining and packaging materials, clean single use clothing etc.)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste (Paper and Cardboard)	0.02t	Stored in skips at Facility Waste Collection Point	Recycling by designated Contractor (Tissue-paper)
General healthcare waste (Biodegradables from Canteen)	0.03t	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill
General healthcare waste	10 m3	Stored in skips at Facility Waste Collection Point	Disposal at municipal landfill

Hazardous Waste Management

Hazardous waste are those wastes that represent an excess risk to property, the environment or human health because of their physical and/or chemical characteristics and require special handling measures for safe disposal. Examples include explosives, toxic or flammable gases, flammable liquids and solids, oxidizing substances, radioactive materials and corrosive substances.

Please list the types of hazardous waste produced and provide information on the methods of collection and disposal of hazardous solid waste and report the measurement result for each reporting period. Please fill in the table below for each facility operated by Evex. Please multiply the table as needed and add rows if needed.

DKC

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.4t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.06t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>10t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>12t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>1.2t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Sunstone

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.5t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.3t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>20t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>33t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.1</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Gldani Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.4t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.8t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.05t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Mtatsminda Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.1t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.3t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>1.3t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Didi Digomi Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>0.9t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.2t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.06t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Didube Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.4t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.8t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.1t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Isani Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.3t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.04t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Varketili Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>0.8t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.3t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.04t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Traumatology Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>4.1t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>6.7t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.1t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Zugdidi Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>0,7t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.04t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Zugdidi Referral Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>12t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>13t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.04t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Poti Outpatient Center

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>0.9t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.8t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.05t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Martvili Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.1t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.4t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.04t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Chkhorotsku Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.3t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.05t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Tsalenjikha Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.7</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>2.1t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.06t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Khobi Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.8t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.6t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.08t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Abasha Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.4t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.4t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.02t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Khoni referral Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.1t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.1t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.03t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Terjola referral Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.2t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.3t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.05t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Tkibuli referral Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>1.3t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.03t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Kutaisi Referral Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>10t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>15t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.08t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Marneuli Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>2.1t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>2.9t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.08t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Batumi Hospital of Mother and Childcare after M Iashvili

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>5.2t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>13t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.2t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Telavi Referral Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>4t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>8t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.2t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Karaps Medline

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>13t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>27t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.4t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Children Clinic after I TsiTsiShvili

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>6t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>14t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.6t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Telavi Ambulatory Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.038t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.7t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>3.2t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.06t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Akhmeta Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.01t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.3t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>2.7t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.02t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Kvareli Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.01t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.01t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.3t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>2.7t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.02t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Poti Central Clinical Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>4.7t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>4.5t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.04t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Saint Nicolaus Surgical and Oncology Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.08t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>2.2t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>4.1t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.09t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Western Georgia National Intervention Medicine Center after Z. Tskhakaia

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>14t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>15t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.1t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Alians Medi Clinic

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.2t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>2.8t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.03t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

New Clinic

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.06t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.4t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>3.7t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.06t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Children Central Hospital after M Iashvili

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>21t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>54t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.06t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Batumi Referral Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>7t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>23t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.07t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Chakvi Outpatient Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.2t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>2.7t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.04t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Khulo District Hospital

Waste Type	Annual Quantity Generated	Method of Storage, Handling and/or Treatment	Disposal or Discharge Method
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.6t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>2t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.03t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Kobuleti Referral Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>8t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>21t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.05t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Keda District Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.07t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.3t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>3t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.1t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Shuakhevi District Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.7t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>3.2t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.07t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Oncology Center

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>8t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>12t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.2t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Adigeni Referral Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.02t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.6t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>2.5t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.5t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Akhalsikhe Regional Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>7t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>18t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.05t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Akhalkalaki Regional Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>4t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>8t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.05t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Aspindze Regional Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.05t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.03t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.7t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>2.5t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.05t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Ninotsminda Regional Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.7t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>2.2t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.06t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Tskaltubo District Hospital

<i>Waste Type</i>	<i>Annual Quantity Generated</i>	<i>Method of Storage, Handling and/or Treatment</i>	<i>Disposal or Discharge Method</i>
<i>Chemical Waste (used absorbents, filters, oil contaminated PPE from housekeeping)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Chemical Waste (used oils, chemicals from generator servicing)</i>	<i>0.04t</i>	<i>Stored at designated storage container, separately from other hazardous wastes</i>	<i>Incineration</i>
<i>Sharps (needles, scalpels, blades, knives, infusion sets etc.)</i>	<i>1.3t</i>	<i>Stored within designated hard surfaced storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Infectious Waste (clothes, dressings, equipment / instruments, pathological and anatomical material)</i>	<i>2.3t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Waste with high content of heavy metals: Batteries, broken thermometers, blood pressure gauges, fluorescent lights etc</i>	<i>0.04t</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>
<i>Pharmaceutical waste: Includes expired, unused, spoiled, and contaminated pharmaceutical products, drugs,</i>	<i>Depending on the quantity of expired pharmaceuticals</i>	<i>Stored within designated storage containers within facility medical waste storage cabinets</i>	<i>Incineration</i>

Hazardous Materials Management

Please provide information on the methods of collection, storage and disposal of hazardous materials. Please fill in the table below for each facility operated by Evex. Please multiply the table as needed and add rows if needed.

DKC

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	600 Litres	70
Gigasept FF	Contains aldehydes and harmful if inhaled	200 Litres	30
Gigazim	Contains aldehydes and harmful if inhaled	1400 Litres	180
Mirodeze Kazim	Contains aldehydes and harmful if inhaled	200 Litres	40
Enzomodeze	Contains aldehydes and harmful if inhaled	230 Litres	20
Teraline	Contains aldehydes and harmful if inhaled	200 Litres	30
Domestos	Contains chlorine and harmful if inhaled	1400 Litres	180
Sif-cream	Contains chlorine and harmful if inhaled	1400 Litres	180
Raksha	Contains chlorine and harmful if inhaled	250 Litres	30
Krot	Contains chlorine and harmful if inhaled	100 Litres	20
ACE	Contains chlorine and harmful if inhaled	700 Litres	70

Sunstone

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	1000 Litres	90
Gigasept FF	Contains aldehydes and harmful if inhaled	60 Litres	6
Gigazim	Contains aldehydes and harmful if inhaled	1000 Litres	85
Teraline	Contains aldehydes and harmful if inhaled	1000 Litres	85

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Domestos	Contains chlorine and harmful if inhaled	350 Litres	40
Sif-cream	Contains chlorine and harmful if inhaled	50 Litres	10
Raksha	Contains chlorine and harmful if inhaled	240 Litres	20
Krot	Contains chlorine and harmful if inhaled	100 Litres	10
ACE	Contains chlorine and harmful if inhaled	350 Litres	30
Cleaning duck	Contains chlorine and harmful if inhaled	150 Litres	10

ADH Adigeni Hospital

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	5 Litres	1
Gigasept FF	Contains aldehydes and harmful if inhaled	5 Litres	1
Gigazim	Contains aldehydes and harmful if inhaled	20 Litres	2
Mirodez-cazik	Contains aldehydes and harmful if inhaled	5 Litres	1
Enzomodeze	Contains aldehydes and harmful if inhaled	5 Litres	1
Teraline	Contains aldehydes and harmful if inhaled	15 Litres	2
Domestos	Contains chlorine and harmful if inhaled	80 Litres	6
Sif-cream	Contains chlorine and harmful if inhaled	10 Litres	2
Raksha	Contains chlorine and harmful if inhaled	57 kg	5
Krot	Contains chlorine and harmful if inhaled	5 Litres	0
ACE	Contains chlorine and harmful if inhaled	5 Litres	5

Akhaltzikhe Hosptial

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	120 Litres	10
Gigasept FF	Contains aldehydes and harmful if inhaled	40 Litres	5
Gigazim	Contains aldehydes and harmful if inhaled	120 Litres	10

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Mirodez-cazik	Contains aldehydes and harmful if inhaled	25 Litres	2
Enzomodeze	Contains aldehydes and harmful if inhaled	15 Litres	1.25
Teraline	Contains aldehydes and harmful if inhaled	300 Litres	30
Domestos	Contains chlorine and harmful if inhaled	165 Litres	15
Sif-cream	Contains chlorine and harmful if inhaled	20	2
Raksha	Contains chlorine and harmful if inhaled	160 Litres	15
Krot	Contains chlorine and harmful if inhaled	5	1
ACE	Contains chlorine and harmful if inhaled	300Litres	25

AKH - Akhalkalaki

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	100 Litres	10 Litres
Gigasept FF	Contains aldehydes and harmful if inhaled	20 Litres	4 Litres
Gigazim	Contains aldehydes and harmful if inhaled	60Litres	10 Litres
Mirodez-cazik	Contains aldehydes and harmful if inhaled	8 Litres	2 Litres
Enzomodeze	Contains aldehydes and harmful if inhaled		
Teraline	Contains aldehydes and harmful if inhaled	40 Litres	5 Litres
Esemtan		180 Litres	20 Litres
Dezdermane		60 Litres	8 Litres
Domestos	Contains chlorine and harmful if inhaled	180 Litres	25 Litres
Sif-cream	Contains chlorine and harmful if inhaled	50 Litres	10
Rackha	Contains chlorine and harmful if inhaled	180 Litres	15 Litres
Krot	Contains chlorine and harmful if inhaled	60 Litres	10 Litres

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
ACE	Contains chlorine and harmful if inhaled	300 Litres	40 Litres

Aspindza Clinic

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	30 Litres	4
Gigazim	Contains aldehydes and harmful if inhaled	30 Litres	4
Enzomodeze	Contains aldehydes and harmful if inhaled	30 Litres	5
Teraline	Contains aldehydes and harmful if inhaled	40 Litres	5
Domestos	Contains chlorine and harmful if inhaled	60 Litres	5
Racksha	Contains chlorine and harmful if inhaled	10 Litres	1
ACE	Contains chlorine and harmful if inhaled	15 Litres	1

ADH Adigeni

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	10 Litres	5
Gigasept FF	Contains aldehydes and harmful if inhaled	15 Litres	3
Gigazim	Contains aldehydes and harmful if inhaled	20 Litres	3
Mirodez-cazik	Contains aldehydes and harmful if inhaled	15 Litres	3
Enzomodeze	Contains aldehydes and harmful if inhaled	20 Litres	4
Teraline	Contains aldehydes and harmful if inhaled	10 Litres	2
Domestos	Contains chlorine and harmful if inhaled	120 Litres	10
Sif-cream	Contains chlorine and harmful if inhaled	15 Litres	2
Raksha	Contains chlorine and harmful if inhaled	60 Litres	6

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Krot	Contains chlorine and harmful if inhaled	10 Litres	2
ACE	Contains chlorine and harmful if inhaled	15 Litres	3

Telavi Hospital

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	135 Litres	30
Gigasept FF	Contains aldehydes and harmful if inhaled	135 Litres	30
Gigazim	Contains aldehydes and harmful if inhaled	150 Litres	15
Mirodeze Kazim	Contains aldehydes and harmful if inhaled	15 Litres	5
Enzomodeze	Contains aldehydes and harmful if inhaled	138 Litres	30
Teraline	Contains chlorine and harmful if inhaled	200 Litres	20
Raksha	Contains chlorine and harmful if inhaled	200 Litres	30
Krot	Contains chlorine and harmful if inhaled	100 Litres	20
ACE	Contains chlorine and harmful if inhaled	350 Litres	15

TMH

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Teraline	Contains aldehydes and harmful if inhaled	120	10
Anozime DD1 5l	Contains aldehydes and harmful if inhaled	20	3
Gigazime 5l	Contains aldehydes and harmful if inhaled	80	10
Gigasept AF forte 5l	Contains aldehydes and harmful if inhaled	15	4
Gigasept FF 5l	Contains aldehydes and harmful if inhaled	85	10
Gigasept PAA 5l	Contains aldehydes and harmful if inhaled	200	20
Gigasept 6kg powder	Contains aldehydes and harmful if inhaled	15 38	3

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Anois R 444 3X1 11	Contains aldehydes and harmful if inhaled	5	1
Aniosept active 5kg	Contains aldehydes and harmful if inhaled	5 Litres	2
Raksha	Contains aldehydes and harmful if inhaled	240 Litres	30
Domestos	Contains chlorine and harmful if inhaled	400 Litres	30
Chlorine	Contains chlorine and harmful if inhaled	15 Litres	3

Ninotsminda Hospital

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	10 Litres	2
Gigasept FF	Contains aldehydes and harmful if inhaled	10 Litres	2
Gigazim	Contains aldehydes and harmful if inhaled	10Litres	2
Mirodeze Kazim	Contains aldehydes and harmful if inhaled	0	0
Enzomodeze	Contains aldehydes and harmful if inhaled	20 Litres	4
Teraline	Contains aldehydes and harmful if inhaled	20 Litres	5
Domestos	Contains chlorine and harmful if inhaled	45 Litres	7
Sif-cream	Contains chlorine and harmful if inhaled	15 Litres	3
Raksha	Contains chlorine and harmful if inhaled	45 Litres	8
Krot	Contains chlorine and harmful if inhaled	10	1
ACE	Contains chlorine and harmful if inhaled	12 Litres	1

POH - Poti

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	50 Litres	10
Gigasept FF	Contains aldehydes and harmful if inhaled	50 Litres	10
Gigazim	Contains aldehydes and harmful if inhaled	55 Litres	15
Teraline	Contains aldehydes and harmful if inhaled	65 Litres	20
Raksha	Contains chlorine and harmful if inhaled	120 Litres	35
Domestos	Contains chlorine and harmful if inhaled	120 Litres	30
Cleaning duck 500	Contains chlorine and harmful if inhaled	180 Litres	40
ACE	Contains chlorine and harmful if inhaled	720 Litres	60

Kareli Hospital

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	20 Litres	3
Gigasept FF	Contains aldehydes and harmful if inhaled	20 Litres	3
Gigazim	Contains aldehydes and harmful if inhaled	5	1
Mirodeze Kazim	Contains aldehydes and harmful if inhaled	30	3
Enzomodeze	Contains aldehydes and harmful if inhaled	12	2
Teraline	Contains aldehydes and harmful if inhaled	15	3
Domestos	Contains chlorine and harmful if inhaled	20 Litres	3
Sif-cream	Contains chlorine and harmful if inhaled	15 Litres	3
Raksha	Contains chlorine and harmful if inhaled	60	10
Krot	Contains chlorine and harmful if inhaled	15	2
ACE	Contains chlorine and harmful if inhaled	85	10

Zugdidi Hospital

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Domestos	Contains chlorine and harmful if inhaled	540 Litres	60
Toilet duck	Contains chlorine and harmful if inhaled	320 Litres	50
Raksha	Contains chlorine and harmful if inhaled	360 Litres	50
Hydrochloride acid	Contains chlorine and harmful if inhaled	70 Litres	15
Chlorine	Contains chlorine and harmful if inhaled	1200 Litres	120
Gigasept AF	Contains aldehydes and harmful if inhaled	200 Litres	30
Gigasept FF	Contains aldehydes and harmful if inhaled	60 Litres	15
Gigazim	Contains aldehydes and harmful if inhaled	125 Litres	30
Enzomodeze	Contains aldehydes and harmful if inhaled	15 Litres	2
Teraline	Contains aldehydes and harmful if inhaled	250 Litres	40
kalgon	Contains aldehydes and harmful if inhaled	60 Litres	10

Khasuri Hospital

Hazardous Material	Hazard Class	Annual Quantity	Maximum Quantity Stored on Site
Gigasept AF	Contains aldehydes and harmful if inhaled	100 Litres	20
Gigasept FF	Contains aldehydes and harmful if inhaled	120 Litres	20
Gigazim	Contains aldehydes and harmful if inhaled	80 Litres	30
Mirodeze Kazim	Contains aldehydes and harmful if inhaled	50 Litres	15
Teraline	Contains aldehydes and harmful if inhaled	70 Litres	20
Domestos	Contains chlorine and harmful if inhaled	120 Litres	30
Raksha	Contains chlorine and harmful if inhaled	180 Litres	30
ACE	Contains chlorine and harmful if inhaled	180 Litres	40

Acceptable Effective Dose Limits for Workplace Radiological Hazards

Complete the table below to provide with quantitative data on relevant facilities workplace radiation exposure levels. Please provide Georgia's maximum levels in Georgia's Adjective units in the table below. Please fill in the table below for each relevant facility operated by Evex.

How many monitoring points for radiation emission/hazards each relevant facility has? Please provide this information for each facility separately.

We continue to control the quality of equipment every year and do the dosimeter control of the cabinets once in two years. These measurements are carried out by the licensed organization "Radiation Technology and Security Center of Ltd.". The results will be published in the form of relevant protocols.

According to the Nuclear and Radiation Safety Act of Georgia, we are obliged to report on the radiological activity carried out during the year from 1 April to 1 May.

This report includes the following points:

- Legal entity's requisites
- Information about the dose of personnel
- Information about the number of researches conducted by the staff
- Information about the state of the equipment (the last quality control protocol)
- Information about changes in the reporting year (if applicable)

Additionally, routine Internal Radiation Audit program is implemented by the network radiation safety specialist. The Audit aims to determine conditions of X-ray cabinets and compliance with the statutory norms enforced by the Government. Audit covered all healthcare facilities based in Tbilisi and Regions. The audit focused on the verification of quality and condition of X-ray equipment.

Workplace Radiation Exposure Levels: Monitoring Point Location1

DKC

Workplace Radiation Exposure Levels: DKC									
Exposure	Workers type	WBG/FC Maximum Levels (WBG/FC Units)		[Name of Facility] Performance (WBG/FC Units)		Georgia's Adjective Maximum Levels (Country of Investment Adjective Units)		[Name of Facility] Performance (Country of Investment Adjective Units)	
		WBG/FC		DKC Monitoring results per WBG/FC				DKC Monitoring results per National Legislative requirements	
		Level	Measure	Level	Measure	Level	Measure	Level	Measure
Five consecutive year average / 5	Workers (min.19 years of age)	20	mSv/year	0.401	mSv/year	100	mSv/year	0.401	mSv/year
	Apprentices and students (16-18 years of age)	-	mSv/year	-	mSv/year	-	mSv/year	-	mSv/year
Single year exposure – effective dose	Workers (min.19 years of age)	50	mSv/year	0.49	mSv/year	50	mSv/year	0.49	mSv/year
	Apprentices and students (16-18 years of age)	6	mSv/year	-	mSv/year	6	mSv/year	-	mSv/year
Equivalent dose to the lens of the eye /	Workers (min.19 years of age)	150	mSv/year	0.49	mSv/year	20	mSv/year	0.49	mSv/year
	Apprentices and students (16-18 years of age)	50	mSv/year	-	mSv/year	20	mSv/year	-	mSv/year
Equivalent dose to the extremities (hands, feet) or the skin	Workers (min.19 years of age)	500	mSv/year	0.49	mSv/year	500	mSv/year	0.49	mSv/year
	Apprentices and students (16-18 years of age)	150	mSv/year	-	mSv/year	150	mSv/year	-	mSv/year

DKC has the following radiological monitoring locations (Both, Inpatient and Outpatient)

1 X-ray diagnostic cabinet (X-ray / X-ray console mode)

2 X-ray diagnostic cabinet (radiography mode)

3 Computer tomography cabinet (16 layer CT)

4 Computer tomography cabinet (28 layer CT)

5 Mammography cabinet

6 Orthopantography cabinet

7 Densitometry cabinet

Inpatient Part:

1 Computer tomography cabinet (16 layer CT)

2 X-ray diagnostic cabinet (radiography mode)

3 Catheterization Lab (Angiography Cabinet)

4 Mobile X-ray (Radiographic Mode) - Postoperative Chamber 2nd floor

5 Hybrid Laboratory (Angiography Cabinet) - Procedures for Licensing ongoing

6 Traumatological operations theatre C-Arm Mobile X-ray (Radiographic / X-ray Console Mode)

7 Mobile X-ray (Radiographic Mode) - Reception Shock Hall, First Floor

Sunstone

Workplace Radiation Exposure Levels: Sunstone

Exposure	Workers type	WBG/FC Maximum Levels (WBG/FC Units)		[Name of Facility] Performance (WBG/FC Units)		Georgia's Adjective Maximum Levels (Country of Investment Adjective Units)		[Name of Facility] Performance (Country of Investment Adjective Units)	
		WBG/FC		Sunstone monitoring results per WBG/FC Limits				Sunstone monitoring results per National Legislative Requirements	
		Level	Measure	Level	Measure	Level	Measure	Level	Measure
Five consecutive year average	Workers (min.19 years of age)	20	mSv/year	0.46	mSv/year	100	mSv/year	0.46	mSv/year
	Apprentices and students (16-18 years of age)	-	mSv/year	-	mSv/year	-	mSv/year	-	mSv/year
Single year exposure – effective dose	Workers (min.19 years of age)	50	mSv/year	0.72	mSv/year	50	mSv/year	0.72	mSv/year
	Apprentices and students (16-18 years of age)	6	mSv/year	-	mSv/year	6	mSv/year	-	mSv/year
Equivalent dose to the lens of the eye	Workers (min.19 years of age)	150	mSv/year	0.72	mSv/year	20	mSv/year	0.72	mSv/year
	Apprentices and students (16-18 years of age)	50	mSv/year	-	mSv/year	20	mSv/year	-	mSv/year
Equivalent dose to the extremities (hands, feet) or the skin	Workers (min.19 years of age)	500	mSv/year	0.72	mSv/year	500	mSv/year	0.72	mSv/year
	Apprentices and students (16-18 years of age)	150	mSv/year	-	mSv/year	150	mSv/year	-	mSv/year

Locations at Sunstone:

- 1 X-ray diagnostic cabinet (X-ray / X-ray console mode)
- 2 X-ray diagnostic cabinet (radiography mode)
- 3 Computer tomography cabinet (16 layer CT)
- 4 Computed Tomography cabinet (28 layer CT)
- 5 Traumatological operations theatre C-Arm Mobile Radiophone (X-ray / X-ray Console Mode) 2nd Floor
- 6 Traumatological operations theatre C-Arm Type Mobile X-ray (X-ray / X-rayCode Mode) 6th floor
- 7 Mobile X-ray (Radiographic Mode) - Pediatric Chamber 3rd Floor
- 8 Mobile X-ray (Radiographic Mode) - Postoperative Chamber on the 5th floor
- 9 Catheterization Laboratory (Angiography Cabinet) 5th floor

Air Emissions:

Please describe the combustion facilities including the combustion technology, capacity and the fuel type. Please provide air emission monitoring reports while submitting the AMR, if available.

Utility Consumption, Energy Efficiency and Greenhouse Gas Emissions Data

Table 1. Utility Consumption

Annual Utility Consumption				
Name of Facility	Natural Gas (cubic meters and GJ)	Other Fuels (Please specify if any) (tons and GJ)	Electricity (MWh)	Water (m ³)
DKC	282036	2,01t (Diesel fuel)	5788172.7	47473
Sunstone	232337	0.92t (Diesel fuel)	2947316	49679

As a Group we consume annually thousands of kilowatts of electricity. The electricity usage accounts for approximately half of our total greenhouse gas emissions. To be more environmentally friendly, we continue to implement several energy-saving solutions, such as LED lights, and other energy-efficient equipment, such as boilers and HVAC systems.

We have used the World Resources Institute/World Business Council for Sustainable Development (“WRI”/“WBCSD”) Greenhouse Gas (“GHG”) Protocol: A Corporate Accounting and Reporting Standard (revised edition) and the UK Government Conversion Factors for GHG.

The data for 2019 are provided by on-site delegates, invoices and metre readings.

The data are collected and reported for three of our Group’s businesses:

- Healthcare services, including its head office, hospitals, clinics, laboratory and other entities, where GHG has operational control;
- Pharma, including its head office and pharmacies; and
- medical insurance, including its head office.

Scope 1 (combustion of fuel and facilities operation) includes emissions from:

- combustion of natural gas, diesel and petrol in stationary equipment at owned and controlled sites; and
- combustion of petrol and diesel in owned vehicles (cars and buses).

Scope 2 (electricity, heat, steam and cooling purchased for own use) includes emissions from:

- electricity spent at owned and controlled sites; to calculate the emissions we used the conversion factor for Non-OECD Europe and Eurasia (average) conversion from the UK Government’s GHG Conversion Factors for Company Reporting 2019; and
- used heat and steam.

Scope 3 includes emissions from:

- air business travel (short haul and long haul); information on class of travel is unavailable, hence we used an “average passenger” conversion factor; and
- ground transport, including taxis, coaches and cars hired.

Tonnes of CO₂e 2016, 2017, 2018 and 2019

Scope 1 (emissions from combustion of fuels in stationary equipment and in owned vehicles)

Scope 2 (emissions from electricity, heat, steam and cooling purchased for own use)

Scope 3 (emissions from air travel and land transport)

Scope 1 (emission from combustion of fuels in stationary equipment and in owned vehicles)

2016	2017	2018	2019
6,517	7,993	7,509	11,554

Scope 2 (emissions from electricity, heat, steam and cooling purchased for own use)

2016	2017	2018	2019
10,302	15,124	16,471	16,533

Scope 3 (emissions from air travel and land transport)

2016	2017	2018	2019
3,621	4,795	5,430	5,568

Total GHG Emissions

2016	2017	2018	2019
20,440	27,912	29,410	33,675

Please provide details about energy and water efficiency plans, programs and the progress made for the reporting period.

We consume thousands of kilowatts of electricity annually. Electricity usage accounts for more than half of our total greenhouse gas emissions. To be more environmentally friendly and responsible, we continue to implement energy-saving solutions, such as LED lights and other energy-efficient equipment, for example boilers and heating ventilation and air conditioning systems. In order to reduce air pollution and lessen our negative impact on the environment, our Medical Insurance business has shifted from traditional petrol-powered vehicles to lower emission hybrid vehicles.

As shown in the table above, our greenhouse gas emissions have nonetheless continued to increase with the expansion of our business, including the ramp-up of the hospitals, and opening Mega Lab.

In 2019, our Clinics business also joined in energy efficiency initiatives. At the initial stage, one of the clinics switched to Solar Power System, an alternative energy source. To minimize emissions and further contribute to eco-friendly energy consumption, two clinics replaced the diesel-powered heating system with a gas heating system. The business is going to continue implementing such initiatives in 2020. We are improving heat insulation in several of our hospitals.

We had ground water deposits at DKC that was not used and wasted into environment. We obtained permission from Regulator and installed water collection and treatment systems to make use of water. As a result, available deposit has fully substituted need for municipal supply of water.

At Sunstone we have identified loss of water from underground supply pipework during late 2019, after undertaken rectification works monthly water consumption has halved.

Noise

Noise refers to noise levels outside of the project site boundaries.

Please provide the prevailing national and/or international standards, including the indication of the permitted maximum levels, and monitoring requirements of noise control, and ambient sound level requirements applicable to different projects under construction and operation.

Confirm compliance or explain any exceedance / non-compliance identified and propose corrective actions.

Both DKC and Sunstone hospitals are steadily operational facilities. There has not been any Regulatory obligation on implementation of routine noise monitoring for these facilities.

Soil and Groundwater

Monitoring of ambient soil conditions is important in reflecting whether the project's surrounding soil environment has been impacted by various pollutants, for instance, liquid effluents or deposits from air emissions.

Groundwater is the water found underground in the cracks and spaces in soil, sand and rock. Monitoring of ambient groundwater quality is important in reflecting whether the ambient environment has been impacted by intended or unintended leakage of liquid effluents of projects.

Please provide the prevailing national and/or international standards and monitoring requirements applicable to different projects under construction and/or operation.

Confirm compliance or explain any exceedance / non-compliance identified and propose corrective actions.

Both DKC and Sunstone hospitals are steadily operational facilities. There has not been any Regulatory obligation on implementation of routine ambient ground water monitoring for these facilities.

Liquid effluents that in our case can be considered a potential major source of pollution to ambient ground water are collected throughout the facilities via engineered pipework and disposed to municipal sewer system.

Strict controls are practiced over the storage and handling of wastes and hazardous materials that prevent their possible release or otherwise interaction to the environment.

Community Health, Safety and Security

Using the table below list and briefly describe any new initiatives implemented in relation to community health and safety during the reporting period. Include risk assessments, new infrastructure and equipment; hazardous materials and safety management and transportation.

During the reporting period any emergency drills have been conducted with community participation? Are the communities aware of the emergency response plans?

There has been no interaction with nearby communities on involving them into planning or execution of joint exercises. Testing of emergency preparedness and drills has not yet implemented across the facilities.

Drills and exercise have been planned at major facilities DKC and Sunstone however these will be primarily designed to test and develop combat-at source capabilities, emergency evacuation, basic fire-fighting techniques etc. Involvement of communities has not been considered for this activity at this stage.

Please describe any changes in the Company's engagement with private/public security forces during the reporting period and any corresponding agreements.

There were no principal changes in the Company's engagement with private/public security forces during the reporting period. Security services are centralized at the Security Division under the Operations Department. Security personnel are present 24 hours a day in each healthcare facility with a prime role of violence prevention and management.

Video cameras are installed at the common areas at all facilities for monitoring and security surveillance purposes. Security personnel have a military and / or private security background. Selected candidates undergo interview and robust screening process before employment. Conduct of new employees relating to quality fulfilment of assigned duties is actively monitored by immediate management. Security officers undergo training program let by EVEX or external providers

The security personnel carry no firearms and act at the prevention level. At a higher level of escalation, a private third party contracted security company "Algani" would mobilize to intervene. The additional control would be engagement of police department into escalation case. that specifies the standards and requirement.

Internal Regulation: "Service Standard for Security Personnel" specifies detailed standards that must be fulfilled by personnel in areas of communication with customers and visitors, monitoring visitor movement within facility premises, communicating with visitors during non-working hours, dealing with escalations, de-escalation of conflicting situations, dress code etc.

Security personnel are made aware and have documented roles and responsibilities. Conduct of the security officers is subject to continuous monitoring of duty supervisors and facility security managers.

Provide description of the major incidents recorded during the reporting period and share the lessons learned and corrective action(s) planned or implemented.

No major incidents recorded for the reporting period

Land Acquisition and Involuntary Resettlement

Please provide details of affected households and people in each project under project planning and/or construction during the reporting period.

Confirm whether there are outstanding involuntary displacement or resettlement issues responsible by the Company.

Our Hospitals business model has functioned around the acquisition of existing clinic and hospital premises from government and private owners for their renovation and rehabilitation into modern medical facilities. To date this has excluded the expansion of these medical facilities beyond the existing footprint of those sites.

The business model focus on existing hospitals has resulted in no land use change and no expansion of the hospital complexes beyond the existing footprint of hospital grounds.

The renovations of both DKC and Sunstone hospitals was related only to the land that preexisted within ownership of hospital before renovation, with no additional land acquisition required. There were no plans for greenfield development in place for the business.

Involuntary Indigenous Peoples, Ethnic Minority Communities and Vulnerable Groups

Please provide details of any Indigenous Peoples, ethnic minority or vulnerable groups affected by each project under project planning and/or construction during the reporting period.

Confirm whether there are outstanding issues related to any ethnic minority or vulnerable groups for which the Company is responsible for resolving.

Risks to Indigenous Peoples (ethnic minorities) and vulnerable communities for Evex Hospital sites are primarily associated with hospital site and facility acquisition.

Impacts to indigenous peoples related to the acquisition of hospitals and associated lands is considered to be minimal due to the historical practice of acquire existing hospital facilities in urban and suburban areas where there are no anticipated impacts on specific Indigenous People groups

Gaps and Corrective Measures:

Please provide a list of performance against already identified corrective action in the Environmental and Social Action Plan (ESAP) required as part of IFC and ADB's investment and any newly identified gaps against prevailing E&S regulations and standards and the Company's Environmental and Social Management System (ESMS) at the corporate level and project level. Newly identified matters subsequent to investment will be known as corrective actions and be documented in a Corrective Action Plan (CAP), substantially in the same form as the ESAP.

ADB SPS and Other Social Requirements			
#	Task title & Description	Completion indicator	Anticipated Completion Date
	ESMS Policies & Procedures		
1	Adopt and cite GHG corporate policies in Evex ESMS documentation, to provide visibility of Evex's commitments to corporate policy with regards to Environmental, Health and Safety, Social, Labor and Gender.	of ESMS documentation for ADB review and approval.	25 June 2020
2	Amend the existing EHS Due Diligence Procedure to include the following processes: (a) screening of proposed subprojects or investment activities against ADB's Prohibited Investment Activities List (PIAL); (b) screening and categorizing the significance of potential environmental and social impacts associated with the investment activities for environment, IR and IP per ADB SPS; (c) conducting ESDD commensurate with risk levels for E, IR, IP; (d) developing corrective action plan (CAP) to address identified environmental and social issues; (e) including the CAP in the investment/project legal documentation . The information and references to this additional information could be included in sections 5, 6 and 7 of the EHS Due Diligence Procedure in line with the existing structure.	Submission of revised EHS Due Diligence procedure for ADB review and approval	25 June 2020
3	Amend Evex's existing E&S procedures to incorporate requirements of the ADB SPS 2009 requirements and ADB's Social Protection Strategy 2001, covering Core Labor Standards as they apply to employees and contractors.	Submission of revised ESMS documentation for ADB review and approval	25 June 2020
4	Describe internal grievance redress mechanism (GRM), with clear processes for raising grievances, recording, follow up and timely responding to relevant parties. The GRM should be available and clearly communicated to direct, indirect employees and contractors. Disclosure	Submission of revised Company Handbook with expanded internal GRM procedure and GRM implementation/communication plan.	25 June 2020

	channels for projects and on-going operations shall be clearly defined and documented.		
	Organisation & Training		
5	Prepare a detailed environmental and social organization charts at hospitals and corporate levels for the implementation of the ESMS with corresponding descriptions of roles and responsibilities of different staff and functions.	Submission of organisation chart for ADB review and approval	25 June 2020
	Monitoring & Reporting		
6	Development of a compliance register system to ensure EHS coordinators and the broader group have an up to date overview of corporate and hospital E&S compliance status. This shall include as a minimum active listing and tracking of permits, approvals and submissions, monitoring reports and EHS records.	Submission of compliance register for ADB review and approval	25 June 2020
7	Develop a format and schedule for annual environmental and social performance report to ADB.	Submission of ADB E&S performance reporting procedure.	25 June 2020

ANNEX 1

Trainings delivered during 2019

Category	Training Course	ტრენინგის სახელწოდება	Number of Attendees	Training Duration
Administration	Continuing medical education	დასხივების დიზიგნის კალკულატორი	41	1
Administration	Coaching for middle management	ინდივიდუალური კოუჩინგი	4	1
Administration	Coaching for middle management	ინდივიდუალური კოუჩინგი	6	2
Administration	Coaching for middle management	ინდივიდუალური კოუჩინგი	2	3
Administration	Coaching for middle management	ინდივიდუალური კოუჩინგი	2	4
Administration	Coaching for middle management	ინდივიდუალური კოუჩინგი	1	5
Administration	Coaching for middle management	ინდივიდუალური კოუჩინგი	2	6
Administration	Coaching for middle management	ინდივიდუალური კოუჩინგი	5	7
Administration	Coaching for middle management	ჯგუფური კოუჩინგი	1	1
Administration	Coaching for middle management	ჯგუფური კოუჩინგი	2	2
Administration	Coaching for middle management	ჯგუფური კოუჩინგი	2	4
Administration	Coaching for middle management	ჯგუფური კოუჩინგი	1	7
Administration	Coaching for middle management	ჯგუფური კოუჩინგი	11	40
Administration	Coaching for Top Management	ინდივიდუალური კოუჩინგი	3	1
Administration	Coaching for Top Management	ინდივიდუალური კოუჩინგი	2	40
Administration	Coaching for Top Management	ჯგუფური კოუჩინგი	3	5
Administration	Induction	ახალი თანამშრომლის ადაპტაციის ტრენინგი	196	12
Administration	Service +	ფეხქუტი ფასილიტაცია	7	10
Administration	Service +	კომუნიკაციის ტრენინგი	6	6
Administration	Service +	კომპლექტური სიტუაციის მართვისა და ექ	68	12
Administration	Service +	მომსახურების ხარისხის სტანდარტი	17	16
Administration	Service +	ხარისხის გუნდის ვორკშიპი	15	4
Administration	Training for trainers	ტრენინგთა ტრენინგ პროგრამა (TOT)	4	12
Administration	Training for trainers	ტრენინგთა ტრენინგ პროგრამა (TOT)	21	16
Administration	Fire Safety	სახანძრო უსაფრთხოება სამედიცინო დაწეს	2	16
Administration	Fire Safety	სახანძრო უსაფრთხოება სამედიცინო დაწეს	9	32
Administration	Leadership program	ლიდერების პროგრამა VI	7	61
Administration	Leadership program	ლიდერების პროგრამა VII	4	184
Administration	Leadership program	ლიდერების პროგრამა VIII	6	184
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	2	-
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	1	2
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	1	4
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	31	8
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	14	9
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	11	12
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	3	16
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	1	28
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	2	67
Administration	Individual Admin Training	ცალკეული გადამზადება - Admin	2	130
Nurse	Nursing basics (new employees course)	ანატომია-ფიზიოლოგია	64	28
Nurse	Nursing basics (new employees course)	ანატომია-ფიზიოლოგია - დისტანციური	10	8
Nurse	Nursing basics (new employees course)	ანატომია-ფიზიოლოგია - დისტანციური	15	28
Nurse	Nursing basics (new employees course)	დოზირება	54	28
Nurse	Nursing basics (new employees course)	დოზირება	7	28
Nurse	Nursing basics (new employees course)	დოზირება - დისტანციური	14	8
Nurse	Nursing basics (new employees course)	მანიპულაცია	81	52
Nurse	Nursing basics CNE	მანიპულაცია	79	52
Nurse	Training for trainers	პირველადი ექიმადგელობის გადამზადების სან	7	8
Nurse	Training for trainers	პრევენციის, სეფსისისა და სამხრდე გზების	7	12
Nurse	Fire Safety	სამედიცინო წარჩენების მართვა	51	2
Nurse	Electronic Medical Records	ამბულატორიული ელექტრონული სამედიც	2	24
Nurse	Electronic Medical Records	ელექტრონული მონიტორინგისა და დანიშნუ	115	8
Nurse	Electronic Medical Records	ელექტრონული მონიტორინგისა და დანიშნუ	1,497	24
Nurse	Electronic Medical Records	ელექტრონული სამედიცინო ჩანაწერების T	22	8
Nurse	Electronic Medical Records	პოსტიტალური ელექტრონული სამედიცინ	1,151	8
Doctor	Continuing medical education	ანტინატალური მეთვალყურეობა: ნაყოფის	66	18
Doctor	Continuing medical education	კრიტიკულ ახალშობილთა მართვის თანამე	23	18
Doctor	Continuing medical education	კრიტიკულ ახალშობილთა მართვის თანამე	11	36
Doctor	Continuing medical education	მაღალი რისკის ახალშობილთა მართვის ძირ	12	12
Doctor	Continuing medical education	მაღალი რისკის ახალშობილთა მართვის ძირ	12	18
Doctor	Continuing medical education	მშობიარობის პროცესში ნაყოფის ფიზიკურ	18	12
Doctor	Continuing medical education	ორსულთა პიკეტაგრაფიული დარღვევები: i	47	12
Doctor	Continuing medical education	პირველადი ექიმადგელობის გადამზადების სან	50	4
Doctor	Continuing medical education	საზოგადოებრივი ჯანდაცვის პრევენციისა და	272	6
Doctor	Continuing medical education	საზოგადოებრივი ჯანდაცვის პრევენციისა და	7	12
Doctor	Continuing medical education	ჯანმრთელი ახალშობილის მოვლა სამშობი	6	18
Doctor	Training for trainers	სამედიცინო სწავლებისათვის ტრენინგთა ტ	18	30
Doctor	Electronic Medical Records	ამბულატორიული ელექტრონული სამედიც	70	14
Doctor	Electronic Medical Records	ამბულატორიული ელექტრონული სამედიც	9	24
Doctor	Electronic Medical Records	ამბულატორიული ელექტრონული სამედიც	28	8
Doctor	Electronic Medical Records	ელექტრონული მონიტორინგისა და დანიშნუ	57	8
Doctor	Electronic Medical Records	ელექტრონული მონიტორინგისა და დანიშნუ	1,038	24
Doctor	Electronic Medical Records	ელექტრონული სამედიცინო ჩანაწერების T	22	8
Doctor	Electronic Medical Records	ელექტრონული სამედიცინო ჩანაწერების T	10	40
Doctor	Electronic Medical Records	პოსტიტალური ელექტრონული სამედიცინ	790	8
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	5	8
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	1	14
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	2	15
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	2	16
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	1	18
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	3	20
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	1	24
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	2	30
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	1	31
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	4	40
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	3	50
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	1	63
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	1	88
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	2	90
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	1	528
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	5	820
Doctor	Individual medical training	ცალკეული გადამზადება - Medical	1	920