## Form - IV (See rule 13) ANNUAL REPORT

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[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

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Particule.rs		
Particulars of the Occupier	:	Med. Supet A. Ham c. Katterg
(i) Name of the authorised person (occupier or	:	Mis Animale Health Call
	1:	Mis Anonale Health Call
		mis Anmale Health Care
	1:	Associated Haspital G.M. CKall
	:	
	:	Med sublet KI @ gmail. Com
	:	
	:	(State Government or Private or
		Semi Govt. or any other)
(x). Status of Authorisation under the Bio-	:	Authorisation No.
Medical		Kenen under
Waste (Management and Handling) Rules	· .	
(xi). Status of Consents under Water Act and Air	:	Valid up to:
Act		under Proces Pertiary H.CF
Type of Health Care Facility	:	
	:	No. of Beds 500
	:	
(Clinic or Blood Bank or Clinical Laboratory or		
Research Institute or Veterinary Hospital or any		N/A
other)		
(iii) License number and its date of expiry	:	
Details of CBMWTF :	:	
(i) Number healthcare facilities covered by CBMWTF	:	
(ii) No of beds covered by CBMWTF	:	
(iii) Installed treatment and disposal capacity of	;	Kg per day
(iv) Quantity of biomedical waste treated or	:	Kg/day
	Particulars of the Occupier(i) Name of the authorised person (occupier or operator of facility)(ii) Name of HCF or CBMWTF(iii) Address for Correspondence(iv) Address of Facility(v)Tel. No, Fax. No(vi) E-mail ID(vii) URL of Website(viii) GPS coordinates of HCF or CBMWTF(ix) Ownership of HCF or CBMWTF(ix) Ownership of HCF or CBMWTF(x). Status of Authorisation under the Bio- Medical Waste (Management and Handling) Rules(xi). Status of Consents under Water Act and Air ActType of Health Care Facility(i) Bedded Hospital : (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)(ii) License number and its date of expiry Details of CBMWTF :(i) Number healthcare facilities covered by CBMWTF(ii) No of beds covered by CBMWTF(iii) Installed treatment and disposal capacity of CBMWTF	Particulars of the Occupier:(i) Name of the authorised person (occupier or operator of facility):(ii) Name of HCF or CBMWTF:(iii) Address for Correspondence:(iv) Address of Facility:(v) Tel. No, Fax. No:(vi) E-mail ID:(vii) URL of Website:(viii) GPS coordinates of HCF or CBMWTF:(ix) Ownership of HCF or CBMWTF:(ix) Ownership of HCF or CBMWTF:(x). Status of Authorisation under the Bio-Medical:Waste (Management and Handling) Rules:(xi). Status of Consents under Water Act and Air Act:Type of Health Care Facility:(i) Non-bedded hospital:(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other):(ii) License number and its date of expiry:(ii) Number healthcare facilities covered by CBMWTF:(ii) No of beds covered by CBMWTF:(iii) Installed treatment and disposal capacity of CBMWTF

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	disposed by CBMWTF				• • •	
1	Quantity of waste generated or disposed in Kg	:	Yellow Ca	tegory	1: 6220 k	A. DEED
	per		Red Catego	rv'· (	GILKO	5039
		۰.	White:	DEV	9 H. 9W	<u>3039</u>
	annum (on monthly average basis) — Total WF > 12507 Kg 108 gm		Blue Categ	OTV.	g H. m	Sec
	Total WF - last 1		General So	lid w	1ste: 409	
	Details of the Storage, treatment, transportation, p	proc				6 660
	(i) Details of the on-site storage	1.	Size :	6,10	<b>F1</b>	
		•		6,10	44	
	facility		Capacity :	<u> </u>	•	( 11
			Provision of			
			storage or a			
	(ii) Details of the treatment or disposal facilities	:	Type of treatment	No of	Capacity Kg/	Quantity Treated
			equipment	unit ·	day	disposed
	•		1 1	S.		in kg
-					•	per
					• • •	annum
			Incinerators			· ·
			Plasma		<u>.</u>	
	aulter		Pyrolysis		. •	
			Autoslaug		•	
	out - Sourced		Autoclaves			
			Microwave		•	·
			Hydroclave			
			Shredder			
			Needle tip			
			cutter or	-		
			destroyer			
·			Sharps			
			encapsulation or			
			concrete pit			•
					• • •	
			Deep burial pit:			· · · .
					•	
			Chemical disinfection			•
	· · · · · · · · · · · · · · · · · · ·		distillection			
			Any other		•.	
			treatment		•	
			equipment			
	(iii) Quantity of recyclable wastes sold to	:	Red Catego	ry (lik	e plastic,	glass
	authorized recyclers after treatment in kg per		etc.)		- ···	
	authorized recyclers after treatment in kg per				,	

		(iv) No of vehicles used for collection and transportation of biomedical waste		oul-Sourced
		(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waster in <i>V</i>	:	Quantity Where generated disposed
		during the treatment of wastes in Kg per annum		Incineration Ash
		an a		ETP Sludge
		(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Annale Health Cale
i.		(vii) List of member HCF not handed over bio-medical waste.	:	
	6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes
	7	Details trainings conducted on BMW		
		(i) Number of trainings conducted on BMW Management.		8 Fimes
		(ii) number of personnel trained		300
		(iii) number of personnel trained at the time of induction		
۰.		(iv) number of personnel not undergone any training so far	с.	
		(v) whether standard manual for training is available?		Yes
		(vi) any other information		
	8	Details of the accident occurred during the year		
		(i) Number of Accidents occurred		NILL
		(ii) Number of the persons affected		Nill.
		(iii) Remedial Action taken (Please attach details if any)		
		(iv) Any Fatality occurred, details.		Nill
	9	Are you meeting the standards of air Pollution		
		from the incinerator? How many times in last year could not me the standards?		MA
		Details of Continuous online emission		Yes

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	monitoring systems installed			
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	-	Yes	
. 11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	2	Yc8	
12	Any other relevant information	×.	(Air Pollution Control Devices attached with the Incinerator)	

Certified that the above report is for the period from Ist Jan 2023 to 31 Dec 2023

NO:- 5763

Date: 1 Jan, 2024 Place Associated Hospital G.M.C. Kaltug

Name and Signature of the Head of the Institution

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