Form – IV (See rule 13) ANNUAL REPORT

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

Particulars		
	:	
	:	DR V.K. DAS
		CHOLANGE A DIVANE (IVII)
		SHRI VINDISA BHAVE CIVIL
	:	S. R. DELKAR MARG, HOSPI
(iv) Address of Facility	:	SILVASSA, UT OF DNH & DD 0260 - 2642940
(v)Tel. No, Fax. No	:	0260-2642940
(vi) E-mail ID	:	quality assurance vbch @ quail c
(vii) URL of Website	:	I www vbch dnh Unic ir
(viii) GPS coordinates of HCF or CBMWTF	:	G
	:	(State Government or Private or Semi Govt.
(ix) Ownership of HCF or CBMWTF		or any other)
(x). Status of Authorization under the Bio-	:	Authorisation No.: PCC/DDD/BMW 79/10-11 43) Valid upto: 30/9/202
Waste (Management and Handling) Rules		Valid upto: ::3.0/.97.12.07
(xi). Status of Consents under Water Act and	:	Valid upto:
, ,		_
	:	
	:	No. of Beds: <i>58</i> 9
(ii) Non-bedded hospital	:	
(ii) Non Books was		
Clinical Laboratory or Research Institute or		
Veterinary Hospital or any other)		
(iii) License number and its date of expiry	:	<u> </u>
	:	
	:	— λ _Δ —
		— NA —
(ii) No. of Beds covered by CBMWTF	:	- NA —
(iii) Installed treatment and disposal	:	Kg / day
capacity of CBMWTF;		
	;	Kg / day
treated or disposed by CBMWTF		- NA -
Quantity of waste generated or disposed in	;	Yellow Category: 3 105 Kg
Va per Annum (on monthly average basis)		Red Category: 2846 kg
ve her villiam for many		White: 113 kg
		Blue Category: 889 Kg
		General Solid Waste: -
Transport	ation. I	Processing and Disposal Facility
Details of the storage, meatinems, manaports		Size:
	Particulars of the Occupier (i) Name of the authorized 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 (x). Status of Authorization 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) Bedded Hospital (ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry Details of CBMWTF (i) Number of health care facilities covered by CBMWTF (ii) Installed treatment and disposal capacity of CBMWTF; (iv) Quantity of bio medical waste treated or disposed by CBMWTF Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	Particulars of the Occupier (i) Name of the authorized 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 (x). Status of Authorization 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) Bedded Hospital (ii) Non-bedded hospital (iii) Non-bedded hospital : Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry Details of CBMWTF (i) Number of health care facilities covered by CBMWTF (ii) No. of Beds covered by CBMWTF (iii) Installed treatment and disposal capacity of CBMWTF; (iv) Quantity of bio medical waste treated or disposed by CBMWTF

	facility			Capacity:			
				Provision of on-site storage: (Cold storage or			
	400			any other provision)			
	(ii)	Disposal facilities		Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treatedor disposed in kg per annum
				Incinerators			
				Plasma			
				Pyrolysis			-
				Autoclaves			
				Microwave			
				Hydroclave Shredder			
				Needle tip			
				cutter or		AW	
				destroyer		/ V H	
				Sharps			
				Encapsulation			
				or concrete			
				pit			
				Deep burial			
				pits			
				Chemical			
				disinfection: Any other			
				treatment			
				equipment:			
	(iii)	Quantity of recyclable wastes	:	Red Category (like plast	ic, glass, e	tc.)
		sold to authorized recyclers after		- NA -		,	
	/: A	treatment in Kg per annum					
	(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:	0	1		
	(v)	Details of incineration ash and			Quant	itv M	/here
		ETP sludge generated and			Genera		isposed
		disposed during the treatment of		Incineration			•
		wastes in Kg per annum		Ash			
				ETP Sludge			
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of		En-C	lee	Pvt	Ltd
	(vii)	List of member HCF not handed over bio-medical waste.					
6		ave bio-medical waste		12 -			
manage		ment committee? If yes, attach		YES			
	minutes of the meetings held during the						
	reporting	period		\			

	Details trainings conducted on BMW	
7	(i) Number of trainings conducted	46
	on BMW Management	650
	(ii) Number of personnel trained	650
	(iii) Number of personnel trained at	
	the time of induction	
	(iv) Number of personnel not	
	undergone any training so far	
	(v) Whether standard manual for	Yes
	training is available?	0.2
8	Details of the accident occurred during the	1
	year	
	(i) Number of Accidents occurred	
	(ii) Number of persons affected	
	(iii) Remedial Action taken (Please	
	attach details if any)	
	(iv) Any Fatality occurred, details	
9	Are you meeting the standards of air	
	Pollution from the incinerator? How	_
	many times in last year could not met	
	the standards?	
	Details of Continuous online emission	
	monitoring systems installed	
10	Liquid waste generated and treatment	T. 1
	methods in place. How many times you	In place
	have not met the standards in a year?	
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) 2 11 11 2 1 12 1 12 1 1 1 1 1 1 1 1 1
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)
		the Incinerator) — NA —

Certified that the above report is for the period from								
JANUARY	2021	to	DECEMBER	2021				
			× _					

Name and Signature of the Head of the Institution

DR. V.K. DAS, M.S. (SUBCH) SILVASSA.

Date: 31 03 2022 Place: SILVASSA