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)]

SI.	Particulars					
No.						
1	Particulars of the Occupier	:				
	(i) Name of the authorized person (occupier	:	DR. GANESH			
	or : operator of facility)					
	(ii) Name of HCF or CBMWTF	:	KHANVEL SUB - DISTRICT HOSPITAL			
	(iii) Address for Correspondence	:	DUDHANI ROAD, KHANVEL			
	(iv) Address of Facility	:	_			
	(v)Tel. No, Fax. No	:	0260 - 2677231			
	(vi) E-mail ID	:	Khanvelchc (agmaíl. com -			
	(vii) URL of Website	:				
	(viii) GPS coordinates of HCF or CBMWTF	:				
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)			
1	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Authorisation No.: PCC nnn BMW 108 15-16 5941 Walid upto: 30 09 2022			
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto:			
2	Type of Health Care Facility	:	CENTRAL GOVT SUB DISTRICT HOSPI			
	(i) Bedded Hospital	:	No. of Beds: 100			
	(ii) Non-bedded hospital	:	No. of Beas.			
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)					
TAKE	(iii) License number and its date of expiry	:	2649600040, 30/09/2022			
3	Details of CBMWTF	:	~			
	(i) Number of health care facilities covered by CBMWTF	:	- 1 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	(ii) No. of Beds covered by CBMWTF	':	A de mana			
7	(iii) Installed treatment and disposal capacity of CBMWTF;		Kg / day			
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF		Kg / day			
4	Quantity of waste generated or disposed in	:	Yellow Category: 816, 5 kg/month			
	Kg per Annum (on monthly average basis)		Red Category: 689, 1 kg/month			
			White: 16,4 kg/month			
			Blue Category: 115, 3 kg/month General Solid Waste:			
5	Details of the Storage, Treatment, Transporta	tion. F	The state of the s			
97.16-	(i) Details of the on-site storage	1.	Size:			

	facility			Capacity: Provision of on-site storage: (Cold storage or				
		-		any other provi	sion)		Ougatitus	
	(ii)	Disposal facilities					Quantity	
							Treatedor	
				_			disposed	
				Type of			in kg	
				treatment	No of	Capacity		
				equipment	Units	Kg/day	annum	
				Incinerators				
				Plasma			1	
				Pyrolysis				
				Autoclaves				
				Microwave				
				Hydroclave				
				Shredder				
				Needle tip				
				cutter or		/	/	
				destroyer		/		
				Sharps				
				Encapsulation				
				or concrete				
				pit		/		
				Deep burial		/		
					١,	X		
				pits Chemical	/	-		
				disinfection:	 			
	114			Any other	/ /			
	3.4			treatment				
	16		*	equipment:				
	(iii)	Quantity of recyclable wastes	:	Red Category (ry (like plastic, glas		i, etc.)	
	11	sold to authorized recyclers after treatment in Kg per annum						
	,							
	(iv)	No. of Vehicles used for	:					
		collection and transportation of						
1		biomedical waste						
- 14	(v)	Details of incineration ash and			Quan	tity	Where	
	, ,	ETP sludge generated and		-	Gene	rated	disposed	
	±	disposed during the treatment of wastes in Kg per annum		Incineration				
	1			Ash				
	190		1	ETP Sludge				
- 15	(vi)	(vi) Name of the Common Bio-						
	AF 11	Medical Waste Treatment Facility		EN-CLEAR BIO-MEDICAL				
	To Mine Said	Operator through which wastes		WAST	E PV	T. LT.	D	
12.74		are disposed of			- I V			
	(vii)							
	(411)	over bio-medical waste.			4)_	Hite di		
6	Do you h	nave bio-medical waste			1 1 2	- A - A - A - A	"TALLED TO	
	1.7	ment committee? If yes, attach		VEC				
		of the meetings held during the		λeτ				
	1	ng period						

7	Details trainings conducted on BMW	APICA SECURITION OF THE PROPERTY OF THE PROPER			
	(i) Number of trainings conducted on BMW Management				
	(ii) Number of personnel trained	03			
	(iii) Number of personnel trained at the time of induction	90			
	(iv) Number of personnel not undergone any training so far	0			
And and the Control of the Control o	(v) Whether standard manual for training is available?	Yes			
8	Details of the accident occurred during the year	- NA -			
	(i) Number of Accidents occurred				
	(ii) Number of persons affected				
	(iii) Remedial Action taken (Please attach details if any)				
CANTON	(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?	- NA -			
	Details of Continuous online emission monitoring systems installed	_			
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	- NA -			
11	is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	- NA -			
12	Any other relevant information	(Air Pollution Control Devices attached with			
-		the Incinerator)			

Continued the	at the above	report is to	r the period	Hom				
	01 st	April	2021	t o	3154	March	2022	*********
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***********	**********	*********	*********	******	********			

Date: DISTANTIL 2021

Place: Khanvel

Medical Officer (I/c.)
Khanvel Sub District Hospital
D.&N.H. and D.D.
Khanvel

Name and Signature of the Head of the Institution