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. No.	Particulars					
1	Particulars of the Occupier	1:				
	(i) Name of the authorized person (occupier	<u> </u>	Day Carley			
	or : operator of facility)	1	DR. GANESH			
	(ii) Name of HCF or CBMWTF	:	KHANVEL SUB-DISTRICT HOSPITAL			
	(iii) Address for Correspondence	1:	DUDHANI ROAD, KHANVEL			
	(iv) Address of Facility	:	_			
	(v)Tel. No, Fax. No	:	0260 - 2677231			
	(vi) E-mail ID	:	Khanvelche agmail. 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)			
	(x). Status of Authorization under the Bio- Medical	:	Authorisation No.: PCC nnn BMW 108 15-16 5941			
	Waste (Management and Handling) Rules		Valid upto: .30 01 2022			
	(xi). Status of Consents under Water Act and	:	Valid upto:			
	Air		valia apro.			
	Act					
2	Type of Health Care Facility	:	CENTRAL GOVT SUB DISTRICT HOSPI			
	(i) Bedded Hospital	:	No. of Beds: 100			
	(ii) Non-bedded hospital	:				
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)					
	(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	:	_			
	(ii) No. of Beds covered by CBMWTF	:				
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	Kg / day			
	(iv) Quantity of bio medical waste	:	Kg / day			
	treated or disposed by CBMWTF					
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, Transportation, Processing and Disposal Facility					
	(i) Details of the on-site storage	:	Size:			

	facility			Capacity: Provision of on-site storage: (Cold storage o				
				any other provi	ision)			
15	(ii)	Disposal facilities					Quantity Treatedo disposed	
				Type of treatment	No of	Capacit	in kg y per	
				equipment	Units	Kg/day	annum	
				Incinerators	Ullits	Ng/ uay	allilulli	
				Plasma				
				Pyrolysis				
				Autoclaves				
				Microwave				
				Hydroclave			1/	
				Shredder			1/	
				Needle tip			/	
				cutter or				
				destroyer		/		
				Sharps		/		
				Encapsulation				
				or concrete		/		
				pit				
				Deep burial		/		
				pits	/	1		
				Chemical				
				disinfection:				
				Any other				
				treatment	1			
			16	equipment:				
	(iii)	sold to authorized recyclers after		Red Category (like plastic, glass, etc.)			etc.)	
	/: \	treatment in Kg per annum	:					
	(IV)	(iv) No. of Vehicles used for collection and transportation of biomedical waste						
	(v)	Details of incineration ash and			Quant	ity	Where	
		ETP sludge generated and			Gener	2000	disposed	
		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			- CLEAR BIO - MEDIC DASTE PVT. LTD			
		are disposed of						
	(vii)	List of member HCF not handed over bio-medical waste.		-				
	De ven L		-					
	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period			λez				

7	Details trainings conducted on BMW				
	(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			
	(v) Whether standard manual for	No.			
	training is available?	Yes			
8	Details of the accident occurred during the	5. 372			
	year	-NA-			
	(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	-NA-			
	many times in last year could not met				
	the standards?				
	Details of Continuous online emission	_			
	monitoring systems installed				
10	Liquid waste generated and treatment				
	methods in place. How many times you	- NA -			
	have not met the standards in a year?				
11	Is the disinfection method or				
	sterilization meeting the log 4	-NA -			
	standards? How many times you have not				
	met the standards in a year?				
12	Any other relevant information	(Air Pollution Control Devices attached with			
		the Incinerator)			

Certified that	ertified that the above report is for the period from							
	01 st	April	2021	to	312+	March	2022	
			• • • • • • • • • • • • • • • • • • • •					
		, .						

Date: 01 St April 2022

Place: Khanvel

Name and Signature of the Head of the Institution

Medical Officer (I/c.)

Khanvel Sub District Hospital

D.&N.H. and D.D.

Khanvel