

Form - IV
(See rule 13)
ANNUALREPORT

[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)]

| Sl. No. | Particulars | | | | | | | | | | | |
|----------------------|---|--|-----------------|------------|--------------|-------------|--------|-----------|---------------|----------|----------------------|--|
| 1. | Particulars of the Occupier | | | | | | | | | | | |
| | (i) Name of the authorised person (occupier or operator of facility) | Mr. Ajay Murdia | | | | | | | | | | |
| | (ii) Name of HCF or CBMWTF | Indira Inf Clinic | | | | | | | | | | |
| | (iii) Address for Correspondence | A unit of Indira Inf Hospital Pvt Ltd. Ground floor Plot No 5, 6, 10 N - 31 | | | | | | | | | | |
| | (iv) Address of Facility | Har Har Mahadev Chowk Begusari | | | | | | | | | | |
| | (v) Tel. No. Fax. No | 9113378919 85110 | | | | | | | | | | |
| | (vi) E-mail ID | | | | | | | | | | | |
| | (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 Authorisation under the Bio-Medical Waste (Management and Handling) Rules | Authorisation No.: BMW/7.07/19/B.1835 valid up to | | | | | | | | | | |
| | (xi) Status of Consents under Water Act and Air Act | Valid up to: 3/4/2024 | | | | | | | | | | |
| 2. | Type of Health Care Facility | | | | | | | | | | | |
| | (i) Bedded Hospital | No. of Beds: 22 | | | | | | | | | | |
| | (ii) Non-bedded hospital | | | | | | | | | | | |
| | (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | | | | | | | | | | | |
| | (iii) License number and its date of expiry | | | | | | | | | | | |
| 3. | 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 | Kg per day | | | | | | | | | | |
| | (iv) Quantity of bio-medical waste treated or disposed by CBMWTF | Kg/day | | | | | | | | | | |
| 4. | Quantity of waste generated or disposed in Kg per month (on monthly average basis) | <table border="1"> <tr> <td>Yellow Category</td> <td>: 8.4 kg/m</td> </tr> <tr> <td>Red Category</td> <td>: 12.2 kg/m</td> </tr> <tr> <td>White:</td> <td>10.5 kg/m</td> </tr> <tr> <td>Blue Category</td> <td>3.4 kg/m</td> </tr> <tr> <td>General Solid waste:</td> <td></td> </tr> </table> | Yellow Category | : 8.4 kg/m | Red Category | : 12.2 kg/m | White: | 10.5 kg/m | Blue Category | 3.4 kg/m | General Solid waste: | |
| Yellow Category | : 8.4 kg/m | | | | | | | | | | | |
| Red Category | : 12.2 kg/m | | | | | | | | | | | |
| White: | 10.5 kg/m | | | | | | | | | | | |
| Blue Category | 3.4 kg/m | | | | | | | | | | | |
| General Solid waste: | | | | | | | | | | | | |

20 JUN 2022
प्राप्त किया

Details of the Storage, treatment, transportation, processing and Disposal Facility

(i) Details of the on-site storage facility

Size :

Capacity :

Provision of on-site storage : (cold storage or any other provision)

disposal facilities

Type of treatment equipment

No of y s

Cap acit r Kg/ day

Quantity treated unit disposed in kg per annum

Incinerators Plasma
Pyrolysis
Autoclaves
Microwave
Hydroclave
Shredder
Needle tip cutter or destroyer
Sharps
encapsulation or concrete pit
Deep burial pits:
Chemical disinfection:
Any other treatment equipment:

(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.

Red Category (like plastic, glass etc.)

(iv) No of vehicles used for collection and transportation of biomedical waste

Own vehicles of IGIMS

(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum

Quantity generated

Where disposed

Incineration Ash
ETP Sludge

(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of

IGIMS

(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

| Details trainings conducted on BMW | | |
|--|---|---|
| (i) Number of trainings conducted on BMW Management. | | 4 |
| (ii) number of personnel trained | | 2 |
| (iii) number of personnel trained at the time of induction | | 3 |
| (iv) number of personnel not undergone any training so far | | 2 |
| (v) whether standard manual for training is available? | | |
| (vi) any other information | | |
| 8 | Details of the accident occurred during the year | NO |
| | (i) Number of Accidents occurred | |
| | (ii) Number of the 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? | CBMWA Responsibility |
| | 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? | Yes Always Complaint with the standards |
| 11 | Is the disinfection method or sterilization meeting the log 4 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 the above report is for the period from 1-1-21 to 31-12-21

Name and Signature of the Head of the Institution



Date: 18/6/22
Place: