Form – IV (See rule13) 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)]

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0	Particulars		
	Particulars of the Occupier		
	(i) Name of the authorised person (occupier or : operator of facility)		METERL DONE.
	(ii) Name of HCF or CBMWTF		Indera IVF Clanic Caunix of India Duf Hos pro 1078
	(iii) Address for Correspondence	2.0	NO 21/KSPCB] RD(BENT)] BMW 2021 Regno 181982
	(iv) Address of Facility		15% floor Swatt's chamber Samader Ralli Callege Food Belgor
	(v)Tel. No, Fax. No	+	7230026663
	(vi) E-mail ID	133	
	(vii) URL of Website		
	(viii) GPS coordinates of HCF or CBMWTF		m/s Belgarm green Environmental management
	(ix) Ownership of HCF or CBMWTF	4	(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. 180 (1827) au 21-06-208 Valid up to OTA
	(xi). Status of Consents under Water Act and Air Act	-82	Valid up to:
2.	Type of Health Care Facility	100	
	(i) Bedded Hospital	÷	No. of Beds: NIL
	(ii) Non-bedded hospital	1	

ಸ್ಟೀಕೃತಿ ಸಹಾಯಕ ಕ. ರಾ. ಮಾ. ನಿ. ಮಂಡಳಿ, ಬೆಳಗಾವಿ-1 (INWARD)

	(Clinic or Blood Bank or Clinical y of Research Institute or Veterinary Hospital or an other)						
1	(iii) License number and its date of expiry	+					
3.	Details of CBMWTF	1					
	(i) Number healthcare facilities covered by CBMWTF	y :					
	(ii) No of beds covered by CBMWTF						
	(iii) Installed treatment and disposal capacity of CBMWTF:	3	Kg per day				
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	3	Kg/day				
4.	Quantity of waste generated or disposed in Kg per		Yellow Category : 1-7450 gm				
	annum (on monthly average basis)		Red Category: 3.550 gm				
			White: 3 562 9m				
			Blue Category: \.L ₁₆₀ - c ₃ - c				
			General Solid waste;				
5	Details of the Storage, treatment, transportation, processing and Disposal Facility						
	(i) Details of the site storage : Size						
	facility Capac	ity :	y:				
			on of on-site storage : (cold storage or er provision)				

0.330

disposal facilities		Type of treatment equipment	No of unit s	Cap acit y Kg/ day	Quantity treatedo r 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		55	
(iii) Quantity of recyclable wastes sold to authorized recyclers after	:	disinfection: Any other treatment equipment: Red Category (like plas	tic, glas	s etc.)	
treatment in kg per annum. (iv) No of vehicles used for collection and transportation of biomedical waste	2				
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quant gener Incineration Ash ETP Sludge			ere posed
(vi) Name of the Common Bio-: Medical Waste Treatment Facility Operator through which wastes are disposed of		Bilgaun Con Not 188 Hom	ndabl ord	Emul Emul	Ross Fr
(vii) List of member HCF not handed over bio-medical waste.					
Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period					4
Details trainings conducted on BMY					
(i) Number of trainings conducted on BMW Management.					

1 hours

	(ii) number of personnel trained		
	(iii) number of personnel trained at the time of induction		
	(iv) number of personnel not undergone any training so far		
Ī	(v) whether standard manual for training is available?		
	(vi) any other information)	<u> </u>	
	Details of the accident occurred during the year		
	(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	
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 methods in place. How many times you 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?		
12	Any other relevant information	3	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from	W9.2

	Name and Signature of the Head of the Institution
Date: 07-03-2022 Place Poleyens	(A Unit of Indica IV) Hospital Pvt (19) 1st Floor Sweath Community College Roady IV. 1977