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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lo	Particulars		
	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or : operator of facility)	•	
	(ii) Name of HCF or CBMWTF		INDIRA IVF HOSPITAL PUT CHULBARCHA
	(iii) Address for Correspondence	:	Amus Phasa, Santasusadi call
	(iv) Address of Facility		4-501/2 and 4-501/2 A foot floor and Arus Plaza Santharwadi gullar
	(v)Tel. No, Fax. No	:	7915532491
	(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.: 270 F 0 K L B B M W 20 19-20 1553
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 27-1-2020 to OTA
2.	Type of Health Care Facility	÷	
,	(i) Bedded Hospital		No. of Beds:
	(ii) Non-bedded hospital		

	Clinic or Blood Bank or Clinical y or Research Institute or Veterinary Hospital or any other)					
	(iii) License number and its date of expiry					
3.	Details of CBMWTF	i				
	(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 biomedical waste treated or disposed by CBMWTF	·	Kg/day			
4.	Quantity of waste generated or disposed in Kg per	:	Yellow Category : 4Kg month			
	annum (on monthly average basis)		Red Category: 3 kg month			
			Yellow Category: 4kg month Red Category: 3kg month White: 2kg month Blue Category: 2kg month			
			Blue Category: 2 Kglmoth			
			General Solid waste:			
5	Details of the Storage, treatment, transportation, pro-	ng and Disposal Facility				
	(i) Details of the site storage : Size	·				
	facility		y:			
			on-site storage : (cold storage or evision)			

	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 disinfection: Any other treatment			amum
	(iii) Quantity of recyclable wastes : sold to authorized recyclers after treatment in kg per annum.	equipment: Red Category (like plastic	c, glass	etc.)	
	(iv) No of vehicles used for collection : and transportation of biomedical waste				
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Quantit generat Incineration Ash ETP Sludge		Whe	
	(vi) Name of the Common Bio-: Medical Waste Treatment Facility Operator through which wastes are disposed of	M/S BRUNDHAU FOUNDATION	NANI	C)	
	(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				
7	Details trainings conducted on BMW	NA			
	(i) Number of trainings conducted on BMW Management.	NA			

	(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		
	(v) whether standard manual for		
	training is available?		
	(vi) any other information)		
8	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.	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	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period of the p	od from 31-Dec 2022
Date: 3-10-2022 Place KALA BURAUT	Name and Stratute of the Head of the Institution INDIRA IVF HOSPITAL PRIVATE LIMITED No.4-501/2, 4-501/2A, ANUR PLAZA, SANTRASHWADI, BESIDE MEDICARE, DARGA ROAD, KALABURAGI-585104