## 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)]

-	treatment facility (CBWTF)]		
	Particulars		
0.			
-	Particulars of the Occupier  (i) Name of the authorised person (occupier or		
	operator of facility)		Mr. Dayaridla Kumar
	(ii) Name of HCF or CBMWTF	1	Indira Luf Hospila by W
	(iii) Address for Correspondence	*	3rd fut floor bricham long
1	(iv) Address of Facility		Near D. M Residen Suran Who
	(v)Tel. No, Fax. No	:	
i	(vi) E-mail ID	:	
400	(vii) URL of Website		
1	(viii) GPS coordinates of HCF or CBMWTF		5 (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
***************************************	(ix) Ownership of HCF or CBMWTF		(State Government or Private or Semi Govt. or any other)
A second	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	•	Authorisation No.:  BHW   1910   19   12 - 515 1  valid up to 23-9-24
	(xi). Status of Consents under Water Act and Air Act		Valid up to:
	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: NO
	(ii) Non-bedded hospital		A SECURIOR OF THE PARTY OF THE
	(Clime or Blood Bank or Clinical Laboratory of Research fustitute or Veterinary Hospital or say other)		
	(iii) License number and its date of expiry	+	
	Details of CBMWTF	1:	
	(i) Number healthcare facilities covered by CBMWTF	6	
	(ii) No of beds covered by CBMWTF	1:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	Kg/day
F	विहार राज्य प्रदुषमा नियंत्रमाः पादि or disposed in Kg per	-: :	Yellow Category 12 kg lm
۱	वाह्मराश्चापकं भेवव पटनानुश्चाताः		Red Category : 8 kg l M
1	diculta and interest		White: 10kg/4
	1 B MAY 2027		Blue Category: 4.8 1814
	1		Seneral Solid waste:
1		1	And the state of t

	Details of the Storage, treatment, transport (i) Details of the on-site storage facility	: -	Size Size
		+	
	" win		Capacity:
	disposal facilities		Provision of on-site storage : (cold storage or any other provision)
			Type of teast
			equipment No Cap Quantity of acit treatedo unit
			y r
			s Kg/ disposed
			day in kg per
			ORDINA.
			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:
	(2)		
	(iii) Quantity of recyclable wastes		Red Category-(like plastic, glass etc.)
	sold to authorized recyclers after		
	treatment in kg per annum.		
	(iv) No of vehicles used for collection	:	own volindes of Hedrear
	and transportation of biomedical		Own volindes of Medicar Environment Management Pot let
	waste		ENOMONY
	(v) Details of incineration ash and		Quantity Where
	ETP sludge generated and disposed		generated disposed
	during the treatment of wastes in Kg		Incineration
	per annum		Ash
	( ') N		ETP Sludge
	(vi) Name of the Common Bio-		Hedicare Environment Hangen
	Medical Waste Treatment Facility		Hedicare Enviolance.
	Operator through which wastes are		H Fel
	disposed of		
	(vii) List of member HCF not handed		The second secon
	over bio-medical waste.		
	Do you have bio-medical waste		
	management committee? If yes, attach		
	minutes of the meetings held during		
-8	i di iii di ii dii		The second secon

	Details trainings conducted on BMW (i) Number of trainings		
	(i) Number of trainings conducted on BMW BMW Management	1	
	BMW Management.		
	(ii) number of person	-	12
1	(iii) number of personnel trained at the time of induction		8
	(iv) number of		12
	(v) whether standard		4
	S is available?		
	(vi) any other information)  Details of the accident occurred during the years.		
	during the year  (i) Number of Accidents occurred		No
	(11) Number of the persons offertal		TE:
	(iii) Remedial Action taken (Please attach details if any)		W. Commission of the Commissio
	(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			
	sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	8	
. 10	2 Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certifie	ed that the above report is for the p	period from $1 - 1 - 21$	to 31-12-21
	***************************************	***************************************	
	***************************************	*******************************	
		***************************************	Alu
	***************************************	1	MIAMI
		1)(	M AGAIN
		Nama and Stand	Contract of
		Name and Signature	e of the week of the Interfaction
Date:	18/5/22	17 A	
Place	- ' '	-	Iles Brown To
1 face	Muzaffarpur		