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)]

| aste treatment facility (CBWTF)] | | |
|---|-----------------------------|--|
| I. Particulars | | |
| Particulars of the Occupier | | |
| (i) Name of the authorised person (occupier or operator of facility) | : | * |
| (ii) Name of HCF or CBMWTF | : | Mr. Kshika Murdia |
| (iii) Address for Correspondence | - | India Ivi Clinic |
| (iv) Address of Facility | | 2nd floor by Plazer Jumpsel |
| (v)Tel. No, Fax. No | | Chowle, Hatten Hatitany 6.1 |
| (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.: BMN 2692 19 18:64.99. valid up to |
| (xi). Status of Consents under Water Act and Air Act | : | Valid up to: |
| Type of Health Care Facility | : | |
| (i) Bedded Hospital | * 1 | No. of Beds: OD |
| (ii) Non-bodded 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 | | |
| Details of CBMWTF | * | The state of the s |
| (i) Number healthcare facilities covered by CBMWTF | • | |
| (ii) No of beds covered by CBMWTF | remarka estado serbas. E | |
| (iii) Installed treatment and disposal capacity of CBMWTF: | | Kg per day |
| by CBMW1F | • | Kg/day |
| पटना प्रदेश नियंत्रण पर्वहारक or disposed in Kg per पटना-१६ (अ) कार्या पटना-१६ (अ) (अ) कार्या पटना-१६ (अ) | • | Yellow Category: Red Category: 8.6 kg Jun White: : 10.2 kg Jun Blue Category: 4. kg Jun |
| | Marine and a second | General Solid waste: |

| | (i) Details of the on-site storage facility | e : | on, processing and Disposal Facility Size: Capacity: Provision of on-site storage: (cold storage or any other provision) | | | |
|---|---|-----|---|---------------|-------------|--------------------------------|
| | | | | | | |
| | | | | | | |
| | disposal facilities | | Type of treatment equipment | No of y | Cap acit | Quantity treatedo unit |
| | | | | S | Kg/ day | disposed in kg per annum |
| | | | Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder | | | |
| | | | Needle tip cutter or destroyer Sharps encapsulation or concrete pit | | 2 | |
| | | | 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 plast | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | • | own vehicles | of of | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | | Quanti genera Incineration Ash ETP Sludge | | Whe | |
| | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of (vii) List of member HCF not handed | : | MEM lix Ut. | sisina. | اسر الم | ansent |
| 5 | over bio-medical waste. 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 | | |
|----|---|-----|---|
| | (1) Number of trainings conducted | | |
| | BMW Management. (ii) number of personnel trained | | 4 |
| | (III) number of personnel trained | | 10 |
| | the time of matiction | | 10 |
| | (iv) number of personnel not | | |
| - | undergone any training so far (v) whether standard manual for | | 4 |
| | training is available? | | ~ |
| 1 | (vi) any other information) | | |
| | Details of the accident occurred | | |
| + | during the year (i) Number of Accidents occurred | | No |
| 1 | (ii) Number of the persons affected | | |
| | (iii) Remedial Action taken (Please | | |
| | attach details if any) | | |
| | (iv) Any Fatality occurred, details. | | |
|). | 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? | - 6 | |
| 12 | | : | (Air Pollution Control Davisso and L. 1 |
| | | | (Air Pollution Control Devices attached with the Incinerator) |

| Certified that the above report is for the period from \ | -1-51 4 | 0 31-12-21 |
|--|-----------------------|--------------------------|
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| | | M |
| *************************************** | 1/04 | 2m Lum |
| | Name and Signature of | he handed he institution |

Date: Place 18/5/22

Mathari