## Form - IV (See rule 13) ANNUALREPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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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Particulars			
Particulars of the Oranic		1.0 1.01.07	0
•	:	MK. KSHITTZ MURDI	ĽΗ·
operator of facility)	:		
(ii) Name of HCF or CBMWTF	:	2nd Flore Devki Comme	ene
(iii) Address for Correspondence	:	complex DS 11 CoRigal	روه
(iv) Address of Facility		Anthor's Colony, Kankon	7
(v)Tel. No, Fax. No	:	Patna- 200	7 (
(vi) E-mail ID	:	MOB- 9011803606	
(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 BMW/1094/20/8-2156	
, i			
(xi) Status of Consents under Water Act and Air Act	:	Valid up to:	
Type of Health Care Facility	:	,	
(i) Bedded Hospital	:	No. of Beds:Q	
(ii) Non-bedded hospital	:		
•			
	ı	1	
	l		
	ļ		
Details of CBMWTF	:		
(i) Number healthcare facilities covered by CBMWTF	:		
(ii) No of beds covered by CBMWTF	:		1
(iii) Installed treatment and disposal capacity of CBMWIF:	:	Kg per day	
(iv) Quantity of biomedical waste treated or disposed	1:	Kg/day	1
by CBMWTF			
	:	Yellow Category : Lil	1
annum (on monthly average basis)		Red Category: 29.8 K91	1 ×
विहार रेजिय प्रदूषण विश्वत्रण प्रविष्		White: 19 kg 1	40
पाटलीषुत्र औद्योगिक क्षेत्र, पटना-10		Blue Category:	1
		1 25 2Kgly?	*
1 1 FEB 2022			
		General Solid waste: Mil	
	Particulars of the Occupier  (i) Name of the authorised person (occupier or operator of facility)  (ii) Name of HCF or CBMWTF  (iii) Address for Correspondence  (iv) Address of Facility  (v)Tel. No, Fax. No  (vi) E-mail ID  (vii) URL of Website  (viii) GPS coordinates of HCF or CBMWTF  (ix) Ownership of HCF or CBMWTF  (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules  (xi). Status of Consents under Water Act and Air Act  Type of Health Care Facility  (i) Bedded Hospital  (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  Details of CBMWTF  (i) Number healthcare facilities covered by CBMWTF  (ii) Installed treatment and disposal capacity of CBMWTF:  (iv) Quantity of biomedical waste treated or disposed by CBMWTF	Particulars of the Occupier  (i) Name of the authorised person (occupier or operator of facility)  (ii) Name of HCF or CBMWTF  (iii) Address for Correspondence  (iv) Address of Facility  (v)Tel. No, Fax. No  (vi) E-mail ID  (vii) URL of Website  (viii) GPS coordinates of HCF or CBMWTF  (ix) Ownership of HCF or CBMWTF  (ix) Ownership of HCF or CBMWTF  (x). Status of Authorisation under the Bio-Medical  Waste (Management and Handling) Rules  (xi). Status of Consents under Water Act and Air  Act  Type of Health Care Facility  (i) Bedded Hospital  (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  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:  (iv) Quantity of biomedical waste treated or disposed by CBMWTF  Quantity of waste generated or disposed in Kg per annum (on monthly average basis)  (IREC ARCA MERTITION AND ACTION OF COMMUTE)	Particulars  Particulars of the Occupier  (i) Name of the authorised person (occupier or operator of facility)  (ii) Name of HCF or CBMWTF  (iii) Address for Correspondence  (iv) Address of Facility  (v) Tel. No, Fax. No  (v) E-mail ID  (vii) URL of Website  (viii) GPS coordinates of HCF or CBMWTF  (ix) Ownership of HCF or CBMWTF  (x) Ownership of HCF or CBMWTF  (x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules  (xi) Status of Consents under Water Act and Air Act  Type of Health Care Facility  (i) Bedded Hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)  (ii) Number healthcare facilities covered by CBMWTF  (iii) Installed treatment and disposal capacity of CBMWTF  (iii) Installed treatment and disposal capacity of Wallow CBMWTF  (iv) Quantity of biomedical waste treated or disposed by CBMWTF  Quantity of waste generated or disposed in Kg per annum (on monthly average basis)    Valid Category   Act   Act

(i) Details of the on-site storage	:	Size :			
facility		Capacity !			
	- 1	Provision of on-site s	torage	: (cold	storage or
		any other provision)			
disposal facilities		Type of treatment	No	Cap	Quantity
	1	equipment	of	acit	treatedo unit
			y	r	_
			S	Kg/	disposed
				day	in kg per annum
		Incinerators Plasma			aman
		Pyrolysis			
		Autoclaves			
		Microwave		,	
		Hydroclave			
		Shredder			
		Needle tip cutter or		6	24103
		destroyer			2403
		Sharps			
		encapsulation or		,-	
		concrete pit			
		Deep burial pits:			
		Chemical disinfection:		-	
		Any other treatment			
		equipment:			
		equipment.			
(iii) Quantity of recyclable wastes	:	Red Category (like pla	stic, gla	ss etc.)	·
sold to authorized recyclers after					
treatment in kg per annum.					
(iv) No of vehicles used for collection	:	By own reh	icle	071	62Ms
and transportation of biomedical				0	
waste					
(v) Details of incineration ash and		•	ntity		here
ETP sludge generated and disposed	i	_	erated	dis	sposed
during the treatment of wastes in Kg		Incineration Ash			
per annum		ETP Sludge			
(vi) Name of the Common Bio-	· -			Λ	
Medical Waste Treatment Facility	1	1713 Sangar	1 MG	CY SE	gretyt-1
Operator through which wastes are	1	Torthe Roll	1740	Shu	thousa
disposed of	1	MIS Sangarr IGIMS Com Bailey Ru	rad,	Patr	19-81500
(vii) List of member HCF not handed	_	1			
over bio-medical waste.		-			
6 Do you have bio-medical waste	1				-
management committee? If yes, attach	1	-			
minutes of the meetings held during					
the reporting period	1	i			

1/1	Details trainings and	•
1'	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW BMW Management.	
	- Landa Gilleini	2
	(ii) number of personnel trained	7
	(III) number of personnel	4
	time of miduction	1.
	(iv) number of personnel not	
	undergone any training an fire	D
	(V) Whether standard manual C	- U
	training is available?	74
	(vi) any other information)	
8	Details of the accident occurred	
	during the year	ALD
	(i) Number of Accidents occurred	20
	(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	<b>-</b>
10	not met the standards in a year?	
12	Any other relevant information :	(Air Pollution Control Devices attached with the
		Incinerator)

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Certified that the above report is for the per	iod from
LIDANI	2021 to 34 DEC 2021
	20124
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	(A UNITION INDIRA INF PROPORTING BYT SEEN & 17
	Name and Signamus of the M. Gad me falle Constitution
~ C ~ A	Plot No. DS11, Doctor Colony, Kankarbagh
Date: - 71 U/24	Patna-800020 RIHAR

Date: - H2/2 Place Patro...