

Form - IV
(See rule 13)

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 (CBMWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	DR. KSHITEZ MURDIA
	(i) Name of the authorised person (occupier or operator of facility)	:	M/S - ENDERAVI CLINIC (UNIT OF ENDERAVI HOSPITAL)
	(ii) Name of HCF or CBMWTF	:	GROUND FLOOR, PLOT NO. 5,
	(iii) Address for Correspondence	:	NH-81, HARTAR MAHADEB
	(iv) Address of Facility	:	BELUSARAL - 851101
	(v) Tel. No, Fax. No	:	8877400012, 723604591
	(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. B.M.W./707/19/8-835...valid up to 2024
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 0
	(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	:	
3.	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:	:	_____ 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 month (on monthly average basis)	:	Yellow Category 318/4R Red Category : 30.2/4R White: NIL Blue Category : 28.5 kg/4R General Solid waste: NIL

विशेषाधिकार (अनुमति) प्राप्त
पटलीपुत्र औद्योगिक क्षेत्र, पटना-10

21 JUN 2023

प्राप्त किया

5	Details of the Storage, treatment, transportation, processing and Disposal Facility															
	(i) Details of the on-site storage facility	:	Size : <u>NIL</u> Capacity : Provision of on-site storage : (cold storage or any other provision)													
	disposal facilities		Type of treatment equipment 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:	<table border="1"> <thead> <tr> <th>No of y s</th> <th>Cap acit r Kg/ day</th> <th>Quantity treated disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td>NOS</td> </tr> <tr> <td></td> <td></td> <td>-</td> </tr> <tr> <td></td> <td></td> <td>-</td> </tr> </tbody> </table>	No of y s	Cap acit r Kg/ day	Quantity treated disposed in kg per annum	1		NOS			-			-
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1		NOS														
		-														
		-														
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)													
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	BY OWN VEH VEHICLE OF SYNERGY GROUP.													
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated Incineration Ash ETP Sludge	Where disposed												
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	M/S SYNERGY WASTE MANA NT. LTD. HANUMAN CHAT ROAD, BHAGALPUR													
	(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		
	(i) Number of trainings conducted on BMW Management.		TRAINING CONDUCTED ON QUARTER BASIS.
	(ii) number of personnel trained		4
	(iii) number of personnel trained at the time of induction		4
	(iv) number of personnel not undergone any training so far		0
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		NO
	(ii) Number of the persons affected		NO
	(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 from

1-JAN-2022 TO 31-DEC-2022

Name and Signature of the Head of the Institution

Date: 19/06/2023
Place: Begusarai