## 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 (CBWTF)]

7	treatment facility (CBWTF)]				
N	Particulars				
1	Particulars of the Occupier	:			
-	(i) Name of the authorised person (occupier or operator of facility)		Dr. Darfanidhi kenar.		
	(ii) Name of HCF or CBMWTF	:	ENDIRA INF HOSPITAL DAT LID		
	(iii) Address for Correspondence	:	3rd 24th ploor, ARCHANA COM		
	(iv) Address of Facility		RUAD MUZAFFARAR - 842001		
	(v)Tel. No, Fax. No	:			
	(vi) E-mail tD	:			
	(vii) URL of Website				
	(viii) GPS coordinates of HCF or CBMWTF				
	(ix) Ownership of HCF or CBMWTF	1	(State Government or Private or Semi Govt. or any other)		
	(x). Status of Authorisation under the Bio-Medical	1:	Authorisation No.:		
	Waste (Management and Handling) Rules		BMN 1910 19 8 515 8 valid up to . 13 9 24		
	(xi). Status of Consents under Water Act and Air Act	1	Valid up to:		
2	Type of Health Care Facility	:			
	(i) Bedded Hospital	:	No. of Beds: I.O		
	(Clinic or Blood Bank or Clinical Laboratory of Research Institute or Veterinary Hospital or an other)				
	(m) License number and its date of expiry				
3	Details of CBMWTF	1:			
		у :			
-	(ii) No of beds covered by CBMWTF	1:			
-	(iii) Installed treatment and disposal capacity of	of :	Kg per day		
-	(iv) Quantity of biomedical waste treated or dispose by CBMWTF	d :	Kg/day		
1	Quantity of waste generated or disposed in Kg p	er :	Yellow Category : 8.6 KIM		
1	annum for monthly average basis the		Red Category : 10.8 K. I.m.		
-	विहार राज्य अनुसरित केन पटना-१०		White: 1.4 Kim		
-	Anna control of the train in		L. Children Children		
A STATE OF THE PERSON NAMED IN COLUMN STATE OF THE PERSON NAMED IN	धादलीपुत्र जाद्योगिक क्षेत्र, पटना-10		Blue Category ! 1.1 Kim		

प्राप्त किया

Details of the Storage, treatment, transport (i) Details of the ou-site storage facility	Size :					
	Capacity:					
disposal facilities	Provision of on-site storage : (cold storage or any other provision)					
maposai facilities	Type of treatment No Cap Quantity equipment of acit treatedo unit y s Kg/ disposed day in kg per annum Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or - 2 destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection:					
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.  (iv) No of vehicles used for collection	Any other treatment equipment:  Red Category (like plastic, glass etc.)					
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	Quantity where generated disposed Incineration Ash					
(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	: Hedrae Environmed Haragens					
(vii) List of member HCF not handed over bio-medical waste.						
Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period						

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1	Betails trainings conducted on BMW		
1	(i) Number of trainings conducted on BMW Management.		3
	(ii) number of personnel trained		2
	(iii) number of personnel trained at		×.
	the time of induction		3
	(iv) number of personnel not undergone any training so far		1
	(v) whether standard manual for training is available?		
	(vi) any other information)		
8	Details of the accident occurred during the year		No
	(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.			
T	Details of Continuous online emission monitoring systems installed		
1	O Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		
-	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)
1		1	

Certified that the above report is for the period from	1-1-22	to	31-12-22
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			11.7

Date 12/6/23 Place Huzayfarbur Name and Signature

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