Form -IY (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)]

| SI. | | | | 7 |
|-----|---|----------------|---|----------|
| 1 | Particulars of the Occupier | - . | | 4 |
| | (i) Name of the authorized person (occupie | r : | | 4 |
| | or : operator of facility) | . 1. | | |
| | (ii) Name of HCF or CBMWTF | 1: | INDIRA IVE HOSPITAL PVT, LTD | Lauca |
| | (iii) Address for Correspondence | : | THOTEH IND FICE PAIL TO | 1100 120 |
| | (iv) Address of Facility | | | - |
| | (v)Tel. No, Fax. No | - 16 | 8722754785 | - |
| | (vi) E-mail ID | | 8122 (3 7 783 | - |
| | (vii) URL of Website | | | - |
| | (viii) GPS coordinates of HCF or CBMWTF | 1: | | - |
| | (ix) Ownership of HCF or CBMWTF | 1 | (State Government or Private or Semi Govt. or any other) | |
| | (x). Status of Authorization under the Bio- Medical | : | Authorisation No.: | |
| | Waste (Management and Handling) Rules | | ······································ | |
| | (xi). Status of Consents under Water Act and Air | | Valid upto: | |
| | Act | - 3 | 1 | |
| | Type of Health Care Facility | | | |
| | (i) Bedded Hospital | : | No. of Beds: 0 7 | |
| | (ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | | | |
| | (iii) License number and its date of expiny | : | KSPCB/RO-1/HCF/2019-20 | 5 |
| | Details of CBMWTF | | 110-110-11-20 | |
| | (i) Number of health care facilities covered by CBMWTF | | N/A | |
| | (II) No. of Beds covered by CBMWTF | : | | |
| | (III) Installed treatment and disposal capacity of CBMWTF; | : | N/AKg / day | |
| | treated or disposed by CBMWTF | ; | N/A Kg/day | |
| K | mantity of waste garaged 1 11 | : | Yellow Category: 10. 71 kg/month. Red Category: 4.62 kg/month. | |
| | | | White: 1.93 kg/month. Blue Category: 8.11 kg/month. | e. |
| D | etails of the Storage, Treatment, Transportatio | | General Solid Waste: | |
| L | | | Andring I Di I - Mile | |





| | | facility | 1 | Capacity: | N/ | A | |
|------|---------|---|-------|---|---|----------|--|
| | | Y | | Provision of on- | site sto | age: (Co | old storage or |
| | 1 | i ² i r a | | any other provi | sion) | | |
| : | (11) | Disposal facilities - | - | Type of | | | Quantity Treatedor disposed in kg |
| | | | | treatment | No of | Capacif | |
| 1 | | | | equipment | Units | Kg/day | |
| | | i s. | | Incinerators | 1 | 100 KC | |
| | 1 | | | Plasma | - | 100 RC | ZZRZIOOR |
| | | ~ | | Pyrolysis | | | 1 |
| | | • | | Autoclaves | 1 | 50 KG | PERHOUR |
| | | | | Microwave | - | 50 40 | IDAHOOK |
| | | | | Hydroclave | - | | , |
| | | e e | . 2 | Shredder | 1 | 25 KG | PER HOUR |
| | × | | 27 | Needle tip | <u> </u> | 23 RG | PERHOUR |
| | | | a v e | cutter or | | | |
| | 1 | a mar la tra | 2 2 2 | destroyer: | 100 100 | - | <u> </u> |
| | | * = = = = = = = = = = = = = = = = = = = | 7 0 | Sharps | | | <u> </u> |
| | | | | Encapsulation or concrete | | | = |
| 1 72 | | ការសំនៃ 🚅 🛒 🖰 | | pit | 41 (1.5) | - | |
| | | | | Deep burial pits | | | |
| | | | | Chemical disinfection: | | .*, . | • |
| | | | | Any other treatment equipment: | | | |
| • | (111) | Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum | : | Red Category (like plastic, glass, etc.) N/A | | | etc.) |
| | (iv) | No. of Vehicles used for collection and transportation of blomedical waste | | SHREE CONSULTANTS VEHICLES | | | |
| | (v) | Details of incineration ash and ETP sludge generated and | byz t | | Quant | | Where disposed |
| | | disposed during the treatment of | + | Incineration | | | |
| | | wastes in Kg per annum | | Ash | .N. | /A . | |
| | | | | ETP Sludge | N | A | ki |
| | (vi) | Name of the Common Blo- Medical Waste Treatment Facility Operator through which wastes are disposed of | • | SHRI #2 | EE CONSULTANTS 25, VARUNA VILLAGE VARUNA, MYSORE. | | |
| , | (vii) | List of member HCF not handed over blo-medical waste. | | | N/ | A | |
| 6 | managen | eve blo-medical waste nent committee? If yes, attach of the meetings held during the | | | N/ | A | |

| 7 | Details trainings conducted on BMW | |
|----|---|---|
| • | (i) Number of trainings conducted on BMW Management | N/A |
| , | (II) Number of personnel trained | |
| | (iii) Number of personnel trained at the time of induction | N/A |
| | (iv) Number of personnel not undergone any training so far | N/A |
| | (v) Whether standard manual for training is available? | N/A |
| 8 | Details of the accident occurred during the year | N/A |
| | (i) Number of Accidents occurred | |
| | (ii) Number of persons affected | * /h |
| | (iii) Remedial Action taken (Please attach details if any) | N/A |
| | (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? | YES |
| | Details of Continuous online emission monitoring systems installed | N/A |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | YES |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | YES |
| 12 | Any other relevant information | (Air Pollution Control Devices attached with the Incinerator) |

| Certified that the above report is for the | | | |
|--|---|--|--|
| | 1/2022 TO | 31/12/2022 | ;,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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| | | 1 | · 0/60 |
| | Name | and Signature of the He | nd of the Institution |
| Date: (8 6) V3 | · · · · · · · · · · · · · · · · · · · | Dr. Dileep | Gumar H. F |
| Date: (8 6) | 5 | | |
| Place: Muchore | | fl | 1 |