

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)]

Sl. No.	Particulars		
1.	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	:	(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.:valid up to
	(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:.....
	(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 annum (on monthly average basis)	:	Yellow Category :
			Red Category :
			White:
			Blue Category :
			General Solid waste:

5	Details of the Storage, treatment, transportation, processing and Disposal Facility																														
	(i) Details of the on-site storage facility	:	Size : Capacity : Provision of on-site storage : (cold storage or any other provision)																												
	disposal facilities		<table border="1"> <thead> <tr> <th data-bbox="833 268 1125 338">Type of treatment equipment</th> <th data-bbox="1133 268 1206 338">No of units</th> <th data-bbox="1214 268 1287 338">Capacity</th> <th data-bbox="1295 268 1466 338">Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td data-bbox="833 348 1125 485">Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder</td> <td data-bbox="1133 348 1206 485"></td> <td data-bbox="1214 348 1287 485"></td> <td data-bbox="1295 348 1466 485"></td> </tr> <tr> <td data-bbox="833 495 1125 569">Needle tip cutter or destroyer Sharps</td> <td data-bbox="1133 495 1206 569"></td> <td data-bbox="1214 495 1287 569"></td> <td data-bbox="1295 495 1466 569">-</td> </tr> <tr> <td data-bbox="833 579 1125 653">encapsulation or concrete pit</td> <td data-bbox="1133 579 1206 653"></td> <td data-bbox="1214 579 1287 653"></td> <td data-bbox="1295 579 1466 653">-</td> </tr> <tr> <td data-bbox="833 663 1125 737">Deep burial pits:</td> <td data-bbox="1133 663 1206 737"></td> <td data-bbox="1214 663 1287 737"></td> <td data-bbox="1295 663 1466 737"></td> </tr> <tr> <td data-bbox="833 747 1125 821">Chemical disinfection:</td> <td data-bbox="1133 747 1206 821"></td> <td data-bbox="1214 747 1287 821"></td> <td data-bbox="1295 747 1466 821">-</td> </tr> <tr> <td data-bbox="833 831 1125 905">Any other treatment equipment:</td> <td data-bbox="1133 831 1206 905"></td> <td data-bbox="1214 831 1287 905"></td> <td data-bbox="1295 831 1466 905"></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity	Quantity treated or disposed in kg per annum	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:			
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	(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	:																													
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table border="1"> <thead> <tr> <th data-bbox="833 1388 1125 1461"></th> <th data-bbox="1133 1388 1206 1461">Quantity generated</th> <th data-bbox="1214 1388 1466 1461">Where disposed</th> </tr> </thead> <tbody> <tr> <td data-bbox="833 1472 1125 1581">Incineration Ash ETP Sludge</td> <td data-bbox="1133 1472 1206 1581"></td> <td data-bbox="1214 1472 1466 1581"></td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash ETP Sludge																								
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:																													
	(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.		
	(ii) number of personnel trained		
	(iii) number of personnel trained at the time of induction		
	(iv) number of personnel not undergone any training so far		
	(v) whether standard manual for training is available?		
8	Details of the accident occurred during the year		
	(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.	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

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Name and Signature of the Head of the Institution

Date:

Place