

**Form - IV**  
(See rule 13)  
**ANNUAL REPORT**

[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)]

Sl. No.	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorised person (occupier or operator of facility)	Mr. SANJAY SHRIYASTYA
	(ii) Name of HCF or CBMWTF	ELITE ENGINEER'S
	(iii) Address for Correspondence	Plot B, Scheme NO 5, Ahinsha Chowk, Kachnai City Rd - JBP (MP)
	(iv) Address of Facility	GRAM Kathonda, Madhota, JBP
	(v) Tel. No, Fax. No	0761-2648765,
	(vi) E-mail ID	info.jabalpur@shaly.org
	(vii) URL of Website	www.shaly.org
	(viii) GPS coordinates of HCF or CBMWTF	23°12'42.48" N 79°54'52.58" E
	(ix) Ownership of HCF or CBMWTF	(State Government or Private or Semi Govt. or any other) (PYT)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation BAW-31/12/22 No.: .....valid up to 31/12/2022
	(xi). Status of Consents under Water Act and Air Act	Valid up to: 31/12/2022
2.	Type of Health Care Facility	No. of Beds: 100,
	(i) Bedded Hospital	
	(ii) Non-bedded hospital	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	- N/A -
	(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

18/3/20

	(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 : 2318.56 Red Category : 1636.55 White: 600.05 Blue Category : 606.09 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)		
	(ii) Details of the treatment or 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:	No of units Cap acit y Kg/ day	Quantity treated or disposed in kg per annum
	(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	:	Quantity generated	Where disposed	

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(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	Yes - ...
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	Twice in a month.
	(ii) number of personnel trained	15 people
	(iii) number of personnel trained at the time of induction	15 -
	(iv) number of personnel not undergone any training so far	—
	(v) whether standard manual for training is available?	Available
	(vi) any other information)	N/A
8	Details of the accident occurred during the year	— NIL
	(i) Number of Accidents occurred	— 0 —
	(ii) Number of the persons affected	— Nil —
	(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?	N/A
	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?	None
11	Is the disinfection method or sterilization meeting the log 4	Yes

	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

~~Jan 2018 to Dec 2018~~

Report from ~~Jan 2018 to Dec 2018~~  
 Report from Jan 2019 to Dec 2019

*[Handwritten Signature]*

Name and Signature of the Head of the Institution

MR. SANJAY SHRIVASTYA (CAO)

Chief Administrative Officer  
 Shalby Hospital, Jabalpur

Date:

Place - JABALPUR (MP)

*[Handwritten Signature]*

Chief Administrative Officer  
 Shalby Hospital, Jabalpur