

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

## Annexure 4

## FORM IV: ANNUAL REPORT

S. No.	Particulars		,		
1.	Particulars of Occupier				
	Name of Authorized Persor     ( Occupier or Operator)	Mr. Irshad Khan	A 42		
	II. Name of HCF or CBWTF:	Shally Hospital Mo	hali (Shally 1+d.)		
	III. Address for Correspondence	e: PHASE IX Sec. 63	, S.A.S. Nugar, Makely		
	IV. Address of Facility	PHASE-IX, Sec. 63,	S.A.S. Nov gor, Mahal		
	V. Tel. No, Fax. No:	9653331818	7		
	VI. E-mail ID:	engineerings. mole	li@ Shelly. in		
2	VII. URL of Website	1 (1 1	71		
	VIII. GPS coordinates of HCF or CBWTF		1/		
	IX. Ownership of HCF or CBW	(State Government or Prany other)	rivate or Semi Govt. or		
	Status of Authorization under the Bio-Medical Waste	Authorization Number	Authorization Number		
	(Management and Handling Rules	) 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: 90.0			
	II. Non-bedded health care fact (Clinic or Blood Bank or Clin Laboratory or Research Institute or Veterinary Hospit or any other)	ical			
	III. License number and its date Expiry	of			
3.	Details of CBWTF				
	<ul> <li>Number healthcare facilities covered by CBWTF</li> </ul>	- <del>-</del> , ,			
	II. No of beds covered by CBW :	TF _			
	III. Installed treatment and disposal capacity of CBWTF	kg	/day		
	<ul> <li>IV. Quantity of biomedical waste treated or disposed by CBW</li> </ul>		g/day		
4.	Quantity of waste generated or		antity(kg/anumn)		
1	disposed in Kg per annum (on		1 - 111		
1	monthly average basis)		0.521		
- 1			2.885		
1			677		

\*

\*

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

		General S Waste	olid	, which is a second of the		
5.	Details of the Storage, treatmen	t transportation				
	Details of On Site Storage	Size: 15.3	process	ing and Dis	posal Facili	
		Size. 13:35				
		Capacity: 1535 Provision for Onsite Storage (Cold Storage or				
		Provision for (	Insite St	orage (Cold	Cold Storage or	
		any other prov	/isions):	NA.		
	II. Details of Onsite Disposal	Type of	No.	£ 0		
	Facility	Treatment	Units			
		Equipment	Onits	kg/day	Treated	
		-quipinent			or	
				Į.	Dispose	
- 1		Incinerators	+		kg/anum	
1		Plasma		-		
1		Pyrolysis	-	1	1	
		Autoclaves		+		
- 1		Microwave	-			
1		Hydroclave	+ -		-	
- 1		Shredder			-	
		Needle tip				
j		cutter or		1		
		destroyer				
		Sharps		<del></del>	-	
F		encapsulation	-		1	
		or	-			
		concrete pit				
1		Deep Burial		-	<del> </del>	
1		Pits	-			
	*	Chemical	<b>1.</b>	ACIN	200 040	
1		Disinfection	01	15KL	309,000	
		Any other	7		, Kr	
		equipment	1			
1		used for	-	-		
		treatment				
	III. Quantity of recyclable	Red Category (like plactic when		<u>c)</u>		
	wastes sold to authorized	o y (mo plactor glass etc.)				
	recyclers after treatment in	-				
-	kg per annum.					
1 1	V. No of vehicles used for	.01		Amalies en		
1	collection and transportation					
-	V. Details of incineration ash			*		
	- This of thomorradion asi			Quantity	Where	
1	and ETP sludge generated		1	generated	disposed	
	and disposed during the	Incineration				
	treatment of wastes in Kg	Ash				
1	per annum	ETP Sludge				

\*

## Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

	VI. Name of the Common Medical Waste Treatm Facility Operator throu which wastes are dispe	igh osed LTD. MOHALI
	VII. List of member HCF no handed over bio-medic waste	ot al
	6. Do you have bio-medical waste management committee? If ye attach minutes of the meetings during the reporting period	s, No
7	7. Details of Training conducted BMW	d on
	I. Number of trainings conducted on II. BMW Management	20
1 - 0 -	The state of the s	ined 12
	at the time of induction	12
	undergone any training s	50 0
	VI. Whether standard manua for training is available?	al Yes
3.	VII. Any other Information	
-	Details of Accident Occurred	
	occurred	No
	affected	
	III. Remedial Action taken (Please attach details if ar	ny)
	IV. Any fatality occurred deta	ile   -
	Are you meeting the standards air Pollution from the incinerate How many times in last year could not meet the standards?  Details of Continuous online	of pr? 200
	monitoring systems installed	No
).	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	e /ss
•	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	. 0
	Any other relevant information	(Air Pollution Control Devices attached with the

Guidelines for Implementation of Bio-medical \	Vaste Management Rules by Healthcare Facilities
	ncinerator)
Certified that above report is for the period fi	
Jan-24 to October-202	
	Man
Date:	Name and Signature of Head of Institution
Place MoHALI	

.