

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)]

Sl. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	DR. NITASHA GUAI
	(ii) Name of HCF or CBMWTF	:	SHREE AM MULTISPECIALITY HOSPITAL
	(iii) Address for Correspondence	:	NH-44, TRETU MORU - BARI BRAMMA
	(iv) Address of Facility	:	SAME
	(v) Tel. No, Fax. No	:	01923 - 294 600 - 94191 - 52045
	(vi) E-mail ID	:	shreeramhospital@gmail.com
	(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.: SPCB/RO3/BMW/2018/AUTH/34-35valid up to DEC 2020
(xi). Status of Consents under Water Act and Air Act	:	Valid up to: DEC - 2020 SPCB/digital/1904986860 of 2019	
2	Type of Health Care Facility	:	
	(i) Bedded Hospital :	:	No. of Beds..24
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	NA
3	Details of CBMWTF :	:	
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF	:	NA Kg per day
	(iv) Quantity of biomedical waste treated or	:	NA Kg/day

	disposed by CBMWTF																																																		
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 1023.1 ANNUM Red Category : 874.35 ANNUM White: 15.05 ANNUM Blue Category : 334.4 ANNUM General Solid waste: 1.30																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : 6'-0" x 6'-0" Capacity : Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity Treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>01</td> <td>700 gm to 800 gm/day</td> <td></td> </tr> <tr> <td>Microwave</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>06</td> <td>3.5 kg</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Deep burial pit:</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment</td> <td>NA</td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity Treated or disposed in kg per annum	Incinerators	NA			Plasma Pyrolysis	NA			Autoclaves	01	700 gm to 800 gm/day		Microwave	NA			Hydroclave	NA			Shredder	NA			Needle tip cutter or destroyer	06	3.5 kg		Sharps encapsulation or concrete pit	NA			Deep burial pit:	NA			Chemical disinfection				Any other treatment equipment	NA		
Type of treatment equipment	No of units	Capacity Kg/day	Quantity Treated or disposed in kg per annum																																																
Incinerators	NA																																																		
Plasma Pyrolysis	NA																																																		
Autoclaves	01	700 gm to 800 gm/day																																																	
Microwave	NA																																																		
Hydroclave	NA																																																		
Shredder	NA																																																		
Needle tip cutter or destroyer	06	3.5 kg																																																	
Sharps encapsulation or concrete pit	NA																																																		
Deep burial pit:	NA																																																		
Chemical disinfection																																																			
Any other treatment equipment	NA																																																		
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) NA																																																

	(iv) No of vehicles used for collection and transportation of biomedical waste		ONE — ANMOL HEALTH CARE	
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	:	Quantity generated	Where disposed
		Incineration Ash	NA	NA
		ETP Sludge	NA	NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	ANMOL HEALTH CARE SAMBA	
	(vii) List of member HCF not handed over bio-medical waste.	:	NA	
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		YES	
	(i) Number of trainings conducted on BMW Management.		3	
	(ii) number of personnel trained		7	
	(iii) number of personnel trained at the time of induction		NA	
	(iv) number of personnel not undergone any training so far		6	
	(v) whether standard manual for training is available?		YES	
	(vi) any other information		NIL	
8	Details of the accident occurred during the year		NIL	
	(i) Number of Accidents occurred		NIL	
	(ii) Number of the persons affected		NIL	
	(iii) Remedial Action taken (Please attach details if any)		NIL	
	(iv) Any Fatality occurred, details.		NIL	
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not me the standards?		NA	
	Details of Continuous online emission		NIL	

	monitoring systems installed		NIL
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		NIL
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		AS PER STANDARDS
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

1 JAN 2020 TO 31 DEC 2020



Name and Signature of the Head of the Institution

DR. NITASHA GUA?

Date:

Place: BARI BRAHMANA