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)]

SI.	Particulars		
No.			
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier	:	DWARKA Kath Shaman
	or : operator of facility)		(Chairman)
	(ii) Name of HCF or CBMWTF	:	KLSM ROTARY EYE + ENT HOSPITAL
	(iii) Address for Correspondence	:	Housing Colony, Udhampur - 182101
	(iv) Address of Facility	:	Odo 1
	(v)Tel. No, Fax. No	:	01992273657.
	(vi) E-mail ID	:	rotargeychosp. vdh @ gmail. com
	(vii) URL of Website	:	www. udhref. ox. in
	(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 Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Authorisation No.: 79 \$ 2021
	(xi). Status of Consents under Water Act and	:	Valid upto: Valid upto: 31 AR 2023
	Air		Valid upto: Applied For
	Act		
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 25
	(ii) Non-bedded hospital	1:	
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry	:	0/0/900/19 16-03-2024
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	Kg / day /
4	Quantity of waste generated or disposed in	:	Yellow Category: 36. A Lag.
•	Kg per Annum (on monthly average basis)		Red Category: U.S. 6 CIA
	No per runtem (en menemy average susis)		White:
			Blue Category:
5	Details of the Storage, Treatment, Transportat	ion Pr	N. 0
	(i) Details of the on-site storage	:	Size:

	facility			Capacity: Provision of on-site storage: (Cold storage or any other provision)			
	(ii)	Disposal facilities		Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treatedor disposed in kg per annum
				Incinerators Plasma Pyrolysis			/
				Autoclaves Microwave Hydroclave			
				Shredder Needle tip			
				cutter or destroyer Sharps			
				Encapsulation or concrete pit			1
				Deep burial pits Chemical			
				disinfection: Any other treatment	/,		
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	equipment: Red Category	(like plastic, glass, etc.)		etc.)
	(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:		/		
	(v) Details of incineration as ETP sludge generated ar disposed during the trea wastes in Kg per annum	Details of incineration ash and ETP sludge generated and disposed during the treatment of		Incineration	Quan Gene	/	Where disposed
-		wastes in Kg per annum		Ash ETP Sludge	/		
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of		Anmol t	lealt	h Gre	,
	(vii)	List of member HCF not handed over bio-medical waste.					
6	managen	nent committee? If yes, attach of the meetings held during the					

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	And the second s
	(ii) Number of 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	the Principle to the second
	monitoring systems installed	
10	Liquid waste generated and treatment	
	methods in place. How many times you	
	have not met the standards in a year?	10 Line Control Control
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	
0//01/2023 to	31/12/2023
	6) -
	- Charles
	Name and Signature of the Institution
Date: Valhampur.	Name and Signature of the Head of the Institution KLSM Rotary Eye & ENT Hospital Housing Colony, Udhampur

Date: Vahampur.
Place: (0/01/2023.