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 NATH SHARMA. |
| | or : operator of facility) | | |
| | (ii) Name of HCF or CBMWTF | : | KLSM Rolany Eye + ENT Hounity |
| | (iii) Address for Correspondence | : | Housing Colony Udhampy 8 182101 |
| | (iv) Address of Facility | : | do |
| | (v)Tel. No, Fax. No | : | 01992-273657 |
| | (vi) E-mail ID | : | votaryeyehosp.vdh@gmail.com www.vdhref.orgin |
| | (vii) URL of Website | : | www.udhref.orgin |
| | (viii) GPS coordinates of HCF or CBMWTF | : | 10 |
| | (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.: PCC/RDJ/BMW/3996585/24/299-3 Valid upto: 31/DB/2028 |
| * 6 | (xi). Status of Consents under Water Act and Air Act | : | Valid upto: 08/12/2025 |
| 2 | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | No. of Beds: 25 |
| | (ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | |
| | (iii) License number and its date of expiry | : | 0/0/900/19 / 29-03-2025 |
| 3 | Details of CBMWTF | : | |
| | (i) Number of health care facilities covered by CBMWTF | : | |
| | (ii) No. of Beds covered by CBMWTF | : | 220000000000000000000000000000000000000 |
| | (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: 92.55 19 |
| | Kg per Annum (on monthly average basis) | | Red Category: 226.25 kg White: 1,30 kg |
| | | | Blue Category: 36, 60 149. General Solid Waste: |
| 5 | Details of the Storage, Treatment, Transporta | tion. P | |
| | (i) Details of the on-site storage | : | Size: |
| | 1 | 1 | 4 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - |

| | facility | | Capacity: | | | | |
|-----|--------------------------|---|---|----------------------|-------------------|-----------|-------------------|
| | | | Provision of on-site storage: (Cold storage or any other provision) | | | | |
| | | | | | | | |
| | (ii) Disposal facilities | | Type of treatment equipment | No of Units | Capacit Kg/day | | |
| | | | | Incinerators | | | |
| | | 3 | | Plasma Pyrolysis | | | |
| | | | | Autoclaves | | | |
| | | | | Microwave | | | / |
| | (8) | | | Hydroclave | | | |
| | | | | Shredder | - | | / |
| - | | | | Needle tip | | | |
| | | | | cutter or | | | |
| | | | | destroyer | | | |
| | | | | Sharps | | | |
| | 3.5 | | | Encapsulation | | | |
| | | | | or concrete | / | | |
| | A. | | | pit | / | | |
| | | | | Deep burial | / | | |
| | | | | pits | | | |
| | | | | Chemical | / | | |
| | | | | disinfection: | / | | |
| F (| | | - | Any other | Y | | |
| 4. | | | - | treatment equipment: | | | |
| | (iii) | Quantity of recyclable wastes | : | Red Category (| like plas | tic glass | etc) |
| | (111) | sold to authorized recyclers after treatment in Kg per annum | | Ned Category (| ince plas | * | C.C., |
| | (iv) | No. of Vehicles used for | : | | | | |
| • | (14) | collection and transportation of biomedical waste | | to Ph | | | |
| | (v) | Details of incineration ash and ETP sludge generated and | | | Quant | | Where disposed |
| | | disposed during the treatment of | | Incineration | | | |
| | | 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 | Heal | th G | re |
| | (vii) | List of member HCF not handed over bio-medical waste. | | | | | |
| 6 | managem | ave bio-medical waste nent committee? If yes, attach of the meetings held during the period | | 1 | | | |

| 7 | Details trainings conducted on BMW | 1 |
|-----|---|---|
| | (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 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 | |
| * 1 | sterilization meeting the log 4 standards? How many times you have not | |
| | met the standards in a year? | (Air Dellistian Control Davisos attached with |
| 12 | Any other relevant information | (Air Pollution Control Devices attached with the Incinerator) |

| Certified that the above report is for the period from | |
|--|--|
| 01/01/2024 to 31/ | 12/2024 |
| | |
| | |
| | Administrator |
| | KLSM Rotary Eye & ENT Hospital Housing Colony, Udhampur |
| | |

Name and Signature of the Head of the Institution

Date: Volloumpur.
Place: 31/12/2024