

Form – IV  
(See rule 13)  
ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30 th 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.	Particular		
1.	Particular of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	
	(ii) Name of HCF or CBMWTF	:	KASTURABA HEALTH SOCIETY, SEWAGRAM
	(iii) Address for Corresponding	:	
	(iv) Address of Facility	:	KHSARA NO. 133, BHANDEWADI, NAGPUR
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	As per CBMWTF
	(ix) Ownership of HCF or CBMWTF	:	
	(x) Status of Authorization under the Bio-Medical waste (Management and Handling) Rules	:	
(xi) Status of Consents under Water Act and Air Act	:		
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	972 Bed
	(ii) Non-bedded hospital (Clinic or Blood Bank or Critical Laboratory or Research Institute or Veterinary Hospital or Any Other)	:	
(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:	:	Incineration – Autoclave – As per CBMWTF Shredder –	

	(iv) Quantity of biomedical waste treated or disposed by CBMWT :																																									
4.	Quantity of waste generated or disposed in Kg per annum	Yellow Category: 69641 KG																																								
		Red Category: 1346 KG																																								
		White: 675 KG																																								
		Blue Category: 674 KG																																								
		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) NA																																								
	Disposals facility.	<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></td> <td></td> <td>AS PER CBMWTF</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shedder destroyer</td> <td>-</td> <td></td> <td>AS PER CBMWTF</td> </tr> <tr> <td>Sharps encapsulation or Concrete pit</td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td>Chemical</td> <td></td> <td></td> </tr> <tr> <td>disinfection:</td> <td>-</td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td>-</td> <td></td> <td>AS PER CBMWTF</td> </tr> </tbody> </table>	Type of treatment Equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators			AS PER CBMWTF	Plasma Pyrolysis	-			Autoclaves				Hydroclave				Shedder destroyer	-		AS PER CBMWTF	Sharps encapsulation or Concrete pit	-			Deep burial pits:	Chemical			disinfection:	-			Any other treatment equipment:	-		AS PER CBMWTF
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	(iii) Quantity of recyclable waste solid to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) AS PER CBMWTF																																								
	(iv) no of vehicles used for collection and transportation of biomedical waste																																									
	(v) Details of incineration ash and ETP sludge generation and disposed during the treatment of waste in Kg per annum	<table border="1"> <thead> <tr> <th></th> <th>Quantity Generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration</td> <td>A PER CBMWTF</td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration	A PER CBMWTF		ETP Sludge																																	
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operation through which waste 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		
7.	Details trainings conducted on BMW		
	(i)Number of training conducted on BMW Management.		
	(ii)number of personnel trained		
	(iii) number of personnel trained at the time of introduction		
	(iv) ) number of personnel not undergone any training so far.		
	(v) whether standard manual for training is available?		
	(vi) any other information		
8.	Details of the Accidents accrued during the year		
	(i)Number of Accident occurred		
	(ii)Number of the persons affected		
	(iii)Remedial Action taken (Please attach details if any)		
	(iv)Any Fatality occurred, details.		
9.	Are you meeting the standers of air Pollution from the incinerator? How many times in last year could not met the standard?		
	Details of Continuous online emission monitoring system installed		
10.	Liquid waste generated and treatment method in place. How many times you have not met the standard in a year?		
11.	Is the disinfection method or sterilization meeting the log 4 standard? How many times you have not met the standard in a year?		
12.	Any other relevant information	:	

Certified that the above report is for the period form  
1<sup>st</sup> January 2018 To 31st December 2018

(CRABI SINGH)  
Name and Signature (SUPERB HYGIENIC DISPOSALS)

Date:  
Place:

