

Form - IV
(See rule 13)
ANNUALREPORT

[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		Annual Report - 2017-18
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. Vistial Sharma
	(ii) Name of HCF or CBMWTF	:	
	(iii) Address for Correspondence	:	Asian Virekanand Hospital Kanth road Moradabad
	(iv) Address of Facility	:	Asian Virekanand Hospital
	(v) Tel. No, Fax. No	:	+0591-2551100
	(vi) E-mail ID	:	asian.virekanand@almsindia
	(vii) URL of Website	:	www.almsindia.com
	(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	:	Authorization No.: 1765/BW-78/ valid up to 31-12-2019.
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31-12-18
2.	Type of Health Care Facility	:	Super Speciality
	(i) Bedded Hospital	:	No. of Beds:.....100
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day... NA
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day..NA
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 162 kg Red Category : 93 kg White: 13 kg Blue Category : 25 kg General Solid waste: 2800 kg

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)																																																	
	Disposal Facilities		<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of systems</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators Plasma</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td>-</td> </tr> <tr> <td>Deep burial pits:</td> <td></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></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of systems	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators Plasma				Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer			-	Sharps encapsulation or concrete pit			-	Deep burial pits:				Chemical disinfection:			-	Any other treatment equipment:				
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)																																																	
	(iv) No of vehicles used for collection and transportation of biomedical waste	:																																																		
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table border="1"> <thead> <tr> <th>Incineration</th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Ash</td> <td></td> <td>NA</td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>	Incineration	Quantity generated	Where disposed	Ash		NA	ETP Sludge																																										
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Medicare Environmental Management Pvt. Ltd., C-21 Phase - 1, M.G. Road, UPSIDC Industrial Area, Ghaziabad ,201015																																																	
	(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	:																																																		

7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	30
	(ii) number of personnel trained	50
	(iii) number of personnel trained at the time of induction	6
	(iv) number of personnel not undergone any training so far	07
	(v) whether standard manual for training is available?	Yes.
	(vi) any other information	
8	Details of the accident occurred during the year	NA
	(i) Number of Accidents occurred	NA
	(ii) Number of the persons affected	NA
	(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?	NA
	Details of Continuous online emission monitoring systems installed	NA
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 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): NA

Certified that the above report is for the period from

.....

Name and Signature of the Head of the Institution

Date:

Place

[Handwritten Signature]

12/3/19
 Regional Office
 U.P. Pollution Control Board
 1-Arnsi, Avas Vikas Colony
 Budha Vihar, Delhi Road
 Moradabad