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)]

| CI | I Paris and the second | | |
|--|---|------------------|--|
| SI. No | Particulars | | |
| 1. | Particulars of the Occupier | | |
| | (i) Name of the authorised person (occupier or operator of facility) | : | MR ARMICH Shutch |
| | (ii) Name of HCF or CBMWTF | : | EYE & VIRION Rot Ltd. |
| | (iii) Address for Correspondence | : | B-60 Sector B |
| | (iv) Address of Facility | | Aligary tro. |
| | (v)Tel. No, Fax. No | : | Singue, item |
| | (vi) E-mail ID | : | |
| | (vii) URL of Website | | |
| | (viii) GPS coordinates of HCF or CBMWTF | y ha : | 200 |
| | (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.: 19262 18MW - 11 43 16 valid up to 3,172 25 |
| | (xi). Status of Consents under Water Act and Air Act | Caryon Caryon | Valid up to: 31/12/2022 |
| , | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | No. of Beds: 3 |
| The state of the s | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | | |
| 2[4] | (iii) License number and its date of expiry | | 31/12/2022 |
| | Details of CBMWTF | : | To the second se |
| | (i) Number healthcare facilities covered by CBMWTF | | |
| | (ii) No of beds covered by CBMWTF | : | |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | -6 Kg per day |

| | (iv) Quantity of biomedical waste treated | d or di | sposed : | -6 K | g/day | | | |
|-----|--|---------|---|------------|------------|----------|---------------------------------------|--|
| 7 | by CBMWTF | | | | | | | |
| 4. | Quantity of waste generated or dispose | d in I | Kg per : | Yellow (| Category | : 7 | 225 Kg | |
| | annum (on monthly average basis) | | | Red Cate | egory : | 22 | 5kg J | |
| | | | | White: | 1 | 2 /2- | 4 | |
| | | | | Blue Cat | egory: | 10 | 51 k.4 | |
| | | | | General | | | 120 K.4 | |
| 5 | Details of the Storage, treatment, transport | rtation | n, processing a | nd Dispos | al Facili | y | 4 | |
| | (i) Details of the on-site storage facility | : | Size : _ | 1 804 | he : | 30 | 01+8. | |
| | | | Capacity: - d | | | | | |
| | | | Provision of on-site storage : (cold storage or | | | | | |
| | | | any other provision) | | | | | |
| | (ii) Details of the treatment or | | Type of tre | | No | Cap- | Quantity | |
| | disposal facilities | | equipment | | of | acit | treatedo | |
| | | | equipment | | unit | у | r | |
| | | | | | S | Kg/ | disposed | |
| | | 7 | | • | | day | in kg | |
| | | | | | | | per | |
| | | | 1 | | | | annum | |
| | | 1 | Incinerator | s – | | | [| |
| | | | Plasma Py | rolysis | | | | |
| | | | Autoclave | s \ | - | | | |
| | | | Microway | e L | 1 | | 4 | |
| | | | Hydroclav | 'e | | | -1-, - 1 | |
| | | | Shredder | | - | | | |
| | | | Needle tip | cutter or | ~ | | | |
| | | | destroyer | - | | _ | | |
| | | | Sharps | - | | | - | |
| | | | encapsula | tion or | | - | | |
| | | | concrete p | it | | | | |
| | | | Deep buri | al pits: | | | | |
| | | | Chemical | | | 1 | , in 1 | |
| | | | disinfection | on: 🗸 | ^ | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | | | Any other | treatmen | t | | | |
| | | | equipmen | | | | | |
| | (iii) Quantity of recyclable wastes | : | Red Categor | y (like pl | astic, gla | ss etc.) | - | |
| | sold to authorized recyclers after | | | | | 0 | Medilde | |
| | treatment in kg per annum. | | SMS | wate | Spe | -ce | 0 | |
| | (iv) No of vehicles used for collection | | No | rode | Levin | W. | Redico | |
| | | | | , O | 0 - | . ,~ , | tura, | |
| | and transportation of biomedical | | One. | 66 | 32 | 6 | M . (10) | |
| | waste | | | Ou | antity | V | Vhere | |
| | (v) Details of incineration ash and | | | | nerated | | isposed | |
| - 1 | ETP sludge generated and disposed | 1 | | ger | iciaica | | -1 | |

| | during the treatment of | | |
|-----|---------------------------------------|----------|--|
| | during the treatment of wastes in Kg | | Incineration By CHS Watergrade |
| | per annum | | Ash Mediublike Honogenet for Ltd. |
| | (vi) Name of the Common Bio- | | ETP Sludge |
| | Medical Waste Treatment Facility | : | |
| 1 | Operator through which wastes 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 | | one toward Devakely |
| | minutes of the meetings held during | | |
| | the reporting period | | |
| 7 | Details trainings conducted on BMW | - | The state of the s |
| | (i) Number of trainings conducted on | - | |
| | BMW Management. | | 4 Country Per Annon |
| | (ii) number of personnel trained | <u> </u> | |
| | (iii) number of personnel trained at | | |
| - | the time of induction | | |
| | (iv) number of personnel not | | |
| | undergone any training so far | 1 | |
| | (v) whether standard manual for | - | |
| | training is available? | | |
| | (vi) any other information) | - | |
| 8 | Details of the accident occurred | - | 2.1.4 |
| 0 | during the year | | NO |
| | (i) Number of Accidents 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 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 | | |
| ` ' | sterilization meeting the log 4 | | |
| - 1 | sternization meeting the rob | | |

| standards? How many times you have not met the standards in a year? | | |
|---|---|---|
| Any other relevant information | : | (Air Pollution Control Devices attached with the Incinerator) |

| Certifie | ed that the above report is for the per | riod from 31 Dec 2020 |
|----------------|---|---|
| | | |
| Date: Place | 19/11/2020 Ludenow: | Name and Signature of the Head of the Institution |