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		3
No.			Ms. Abida Khatun
1	Particulars of the Occupier	:	I E
	(i) Name of the authorized person (occupier	:	
	or : operator of facility)	-	Freo Vision Put Ud.
j.	(ii) Name of HCF or GBMWTF	:	+St flower of Der S. Parkash
	(iii) Address for Gorrespondence	:	Business Complex 1711
	(iv) Address of Facility	:	South Civil June Muzallan
	(v)Tel. No, Fax. No	:	Nagae, Coursel Groad
,	(vi) E-mail ID	:	ab(Ra. khafiin @ Cyeo India Com
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	Control Control
		: .	(State Government or Private or Semi Govt.
	(ix) Ownership of HCF or CBMWTF		or any other)
	(x). Status of Authorization under the Bio-	:	Authorisation No.:
	Medical		1006014
	Waste (Management and Handling) Rules		7.60.6.11.Fl.:otqu bilev060.6.11.181
	(xi). Status of Consents under Water Act and	:	Valid upto: 31 03 2026
	Aîr		1 1
	Act		
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	<u> </u> :	No. of Beds: O
	(ii) Non-bedded hospital	:	-
	Clinical Laboratory or Research Institute or		1, 10,0
	Veterinary Hospital or any other)		Hospilal
	(iii) License number and its date of expiry	:	1
3	Details of CBMWTF	:	
	(i) Number of health care facilities	:	The transfer
	covered by CBMWTF		
	(ii) No. of Beds covered by CBMWTF	<u> : </u>	
	(iii) Installed treatment and disposal	:	O.Roo Kg/day
ļ	capacity of CBMWTF;	<u> </u>	
	(iv) Quantity of bio medical waste	:	O.800 Kg/day
4	treated or disposed by CBMWTF		
4	Quantity of waste generated or disposed in	:	Yellow Category: 9:72-7- kg
	Kg per Annum (on monthly average basis)		Red Category: 142 kg
			White: 07 kg
			Blue Category:
F ,	Date in the Court of	<u> </u>	General Solid Waste: 609 kg
5 ′	Details of the Storage, Treatment, Transportat	}	
	(i) Details of the on-site storage	<u> :</u>	Size: Tsially 20 kg
		4	SISTER S



	***	facility		Capacity:				
	and the same of th			Provision of on-site storage: (Cold-storage of any other provision)				
	(ii)	Disposal facilities		Type of treatment equipment	No of Units	Capacit Kg/day	Quantity Treated disposed in kg y per annum	
	bit a transport			Incinerators Plasma				
				Pyrolysis				
				Autoclaves				
				Microwave				
				Hydroclave	•			
				Shredder	-			
				Needle tip				
				cutter or				
		400 44-		destroyer				
	.	,		Sharps				
				Encapsulation				
				or concrete	_			
				pit		7		
				Deep burial		4 1 1 1		
				pits				
				Chemical				
				disinfection:	,			
				Any other				
			distribution	treatment	-			
	(1771)		ļ	equipment:				
	(iii)	Quantity of recyclable wastes	:	Red Category (I	ike plasti	c, glass, e	tc.)	
		sold to authorized recyclers after		NIL .				
	4	treatment in Kg per annum		11112		i		
	(iv)	No. of Vehicles used for collection and transportation of		2				
	f. 3	biomedical waste			Q			
•	(v)	Details of incineration ash and	and a second		Quantit	- 1	here	
		ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Genera	ted di	sposed	
				Incineration	-		7	
		mostes in his per annum		Ash				
	(vi)	Name of the Common Bio-		ETP Sludge				
	The same of the sa	Medical Waste Treatment Facility Operator through which wastes are disposed of		MS Envison houste Connections LLP.				
	(vii)	List of member HCF not handed					-	
	(411)	over bio-medical waste.						
	Do you h					1		
22.		Do you have bio-medical waste management committee? If yes, attach		-	31510	IA ON		
	minutes	of the meetings held during the			0/	1		
	reporting	period		-	LLI.]r-].		
				1,	7	131		

7	Details trainings conducted on BMW		
,	(i) Number of trainings conducted on BMW Management	2	
	(ii) Number of personnel trained		
	(iii) Number of personnel trained at the time of induction	Ч	
	(iv) Number of personnel not undergone any training so far	2	
	(v) Whether standard manual for training is available?	2	
8	Details of the accident occurred during the year	1	
	(i) Number of Accidents occurred	0.	
	(ii) Number of persons affected	P	
	(iii) Remedial Action taken (Please attach details if any)	6	
	(iv) Any Fatality occurred, details	0	
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	0	
	Details of Continuous online emission monitoring systems installed	0	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	0	
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	0.	
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)	

Certified that the a	bove report is for the perio	od from	
	[202] la	.S.U.181. 40.24	
	***************************************	*****************************	

		Abe	la Khafun
		Name and Signa	ature of the Head of the Institution
	SION	Q 1 cole	of Foom IV Amucol Pepa
Date:	3	peca cons	GF 120 1 174
Place:			* * * * * * * * * * * * * * * * * * * *
	Til .º	क्षेत्रीक कामा	12/7/2022
		. 00 स सहका निव	100 010
		400000	

Secrees.