

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 (CBMWTF)]

Sl. No.	Particulars	
1.	Particulars of the Occupier	: NATIONAL Hospital
	(i) Name of the authorised person (occupier or operator of facility)	: Dr. Harbinder Singh
	(ii) Name of HCF or CBMWTF	: National hospital
	(iii) Address for Correspondence	: Airport Road - Karam Bagh - Jammu
	(iv) Address of Facility	: - Do -
	(v) Tel. No, Fax. No	: 9469469469
	(vi) E-mail ID	: nationaljmv@gmail.com.
	(vii) URL of Website	: -
	(viii) GPS coordinates of HCF or CBMWTF	: -
	(ix) Ownership of HCF or CBMWTF	: (State Government or Private or Semi Govt. or any other) <input checked="" type="checkbox"/>
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	: Authorisation No.:valid up to
	(xi). Status of Consents under Water Act and Air Act	: Valid up to:
2.	Type of Health Care Facility	:
	(i) Bedded Hospital	: No. of Beds:.... 18 beds.
	(ii) Non-bedded hospital	: 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	: DRA/CE(KAR)/CMO-J/2020/59 31.10.2021.
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:	: 1.5kg Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	15 Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category 90kg Red Category : 400kg White: 6.6kg Blue Category : 18.4kg General Solid waste: 135.6kg																																																
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)																																																
	(ii) Details of the treatment or disposal facilities :	<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></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> 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 units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				<input checked="" type="checkbox"/> Autoclaves				<input checked="" type="checkbox"/> Microwave				Hydroclave				Shredder				<input checked="" type="checkbox"/> Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				<input checked="" type="checkbox"/> 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 :	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed																																														
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	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Anmol health care
	(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	YES.
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	4 / Four
	(ii) number of personnel trained	4
	(iii) number of personnel trained at the time of induction	4
	(iv) number of personnel not undergone any training so far	NIL.
	(v) whether standard manual for training is available?	YES
	(vi) any other information)	
8	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred	.
	(ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	NIL
	(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?	NIL
	Details of Continuous online emission monitoring systems installed	NIL
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	(STP)
11	Is the disinfection method or sterilization meeting the log 4	NIL

	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)

Certified that the above report is for the period from

18th Jan - 2020 till 31 Dec.

2020

[Signature]
Name and Signature of the Head of the Institution

Date:

27/7/21

Place

Karan Bagh Jammu.



June

date - 4/6/21

Colour Qty

Yellow

White

Blue

Red

date - 10/06/21

Colour Qty

Yellow

NIL

White

NIL

Blue

NIL

Red

2

date - 12/6

Colour Qty

Yellow

1

White

NIL

Blue

1

Red

1

date 17/6/21

Colour Qty

Yellow

NIL

White

NIL

Blue

NIL

Red

2

ANMOL HEALTH CARE

A Common Facility For Treatment Of Bio-Medical Waste
Swankha More, Village Rakh Rara, Distt Samba (J&K)
Mobile: 9622394597, 09906212729
Email: anmolhealthcarebim@gmail.com
MANIFEST BLO MEDICAL WASTES

No. 18489
Time 4/6/21
Name of HCF National Hospital

Colour	Qty.	Weight
YELLOW	1	3.00
WHITE	1	NIL
BLUE	1	NIL
RED	2	5.00
OTHER		

ANMOL HEALTH CARE

A Common Facility For Treatment Of Bio-Medical Waste
Swankha More, Village Rakh Rara, Distt Samba (J&K)
Mobile: 9622394597, 09906212729
Email: anmolhealthcarebim@gmail.com
MANIFEST BLO MEDICAL WASTES

No. 22009
Time 10/6/21
Name of HCF National Hospital

Colour	Qty.	Weight
YELLOW	6	1.00
WHITE	1	NIL
BLUE	1	1.100
RED	1	0.800
OTHER		

HCE
Sig. [Signature]

ANMOL HEALTH CARE

A Common Facility For Treatment Of Bio-Medical Waste
Swankha More, Village Rakh Rara, Distt Samba (J&K)
Mobile: 9622394597, 09906212729
Email: anmolhealthcarebim@gmail.com
MANIFEST BLO MEDICAL WASTES

No. 22176
Time 17/6/21
Name of HCF National Hospital

Colour	Qty.	Weight
YELLOW	1	NIL
WHITE	1	NIL
BLUE	1	NIL
RED	2	8.00
OTHER		

HCE
Sig. [Signature]

Date - 15/7/21

Colour	Qty
Yellow	1
White	NIL
Blue	"
Red	1

Date - 17/7/21

Colour	Qty
Yellow	1
Blue	NIL
White	NIL
Red	1

Date 23/7/21

Colour	Qty
Yellow	1

ANMOL HEALTH CARE
A Common Facility For Treatment Of Bio-Medical Waste
Swankha More, Village Rakh Rara, Distt Samba (J&K)
Mobile: 9622394597, 09906212729
Email: anmolhealthcarebmw@gmail.com
MANIFEST.BLO MEDICAL WASTES

No. 30224 Dated 27/7/21
Time 9:20 AM
Name of HCF National Hospital K. Bays
Signature

Colour	Qty	Weight
YELLOW	1	4.900
WHITE	1	NIL
BLUE	1	3.00
RED	1	3.00
OTHER		
HCE		

E: 27/7/21

Qty	Weight
1	4.90
1	NIL
1	NIL
1	3.00

ANMOL HEALTH CARE
A Common Facility For Treatment Of Bio-Medical Waste
Swankha More, Village Rakh Rara, Distt Samba (J&K)
Mobile: 9622394597, 09906212729
Email: anmolhealthcarebmw@gmail.com
MANIFEST.BLO MEDICAL WASTES

No. Dated 15/7/21
Time
Name of HCF National Hospital
K. Bays
Signature

Colour	Qty	Weight
YELLOW	1	8.750
WHITE		NIL
BLUE		NIL
RED	1	13.240
OTHER		
HCE		

ANMOL HEALTH CARE
A Common Facility For Treatment Of Bio-Medical Waste
Swankha More, Village Rakh Rara, Distt Samba (J&K)
Mobile: 9622394597, 09906212729
Email: anmolhealthcarebmw@gmail.com
MANIFEST.BLO MEDICAL WASTES

No. Dated 17/7/21
Time
Name of HCF National Hospital
K. Bays
Signature

Colour	Qty	Weight
YELLOW	1	2.600
WHITE	1	NIL
BLUE		NIL
RED	1	5.900
OTHER		
HCE		

Swankha More, Village Rakh Rara, Distt Samba (J&K)
Mobile: 9622394597, 09906212729
Email: anmolhealthcarebmw@gmail.com
MANIFEST.BLO MEDICAL WASTES

No. 30180 Dated 23/7/21
Time
Name of HCF National Hospital
K. Bays
Signature

Colour	Qty	Weight
YELLOW	1	17.260
WHITE	1	9.260
BLUE	1	7.100
RED	3	17.910
OTHER		
HCE		

ANMOL HEALTH CARE

A Common Facility For Treatment Of Bio-Medical Waste
 Swanicha More, Village Raikh Rara, Distt Samba (J&K)
 Mobile: 9622394597, 09906212729
 Email: anmolhealthcarenmw@gmail.com

MANIFEST BLO MEDICAL WASTES

July

Date _____
 Page _____

No. **29620** Dated **2/7/21**
 Time _____
 Name of HCF **National Hospital K. Samba**
 Colour Qty. Weight
 YELLOW 1 2 100
 WHITE Nil
 BLUE 1 1 800
 RED 1 1 600
 OTHER _____
 HCE _____
 Sig. _____

7/21

Qty	Weight
1	2. 100gm
NIL	
1	1. 800 gm
1	1. 600 gm

ANMOL HEALTH CARE
 A Common Facility For Treatment Of Bio-Medical Waste
 Swanicha More, Village Raikh Rara, Distt Samba (J&K)
 Mobile: 9622394597, 09906212729
 Email: anmolhealthcarenmw@gmail.com

29020

No. _____ Dated **7/7/21**
 Time _____
 Name of HCF **Hospital**
 Colour Qty. Weight
 YELLOW 1 5.630
 WHITE _____
 BLUE _____
 RED 1 12.710
 OTHER _____
 HCE _____
 Sig. _____

Date - 6/7/21

Qty	Weight
1	5.630 gm
NIL	
NIL	
1	12.710 gm

Date 8/7/21

No. _____
 Time _____
 Name of HCF **Ne Hospital**
 Colour Qty. Weight
 YELLOW _____
 WHITE _____
 BLUE _____
 RED _____
 OTHER _____
 HCE _____
 Sig. _____

Qty	Weight
NIL	
NIL	
NIL	
NIL	
No sent	

Date - 10/07/21

Qty	Weight
NIL	
NIL	
NIL	
NIL	

White
 Blue
 Red