

**Form - IV**  
**(See rule 13)**  
**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)]

**ANNUAL REPORT FOR THE PERIOD OF JAN-2020 TO DEC-2020**

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 Karim Nagar - Jammu
	(iv) Address of Facility	- 20 -
	(v) Tel. No, Fax. No	9469469469
	(vi) E-mail ID	nationaljmv@jmv.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)
	(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		
(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		Hospital
(iii) License number and its date of expiry	DRA/CE(RAR)/CMO-J/2020/57 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 9000 Red Category 12000 White 6500 Blue Category 12000 General Solid waste 125500
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 (or storage in any other provision)	
	(ii) Details of the treatment or disposal facilities	Type of treatment equipment	No of units Capacity in 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:	
	(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	Quantity generated	Where disposed

	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 1st Jan 2020 till 31 Dec 2020

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

Date: 27/7/21  
Place Karan Bagh Jammu.

