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)]

	Particulars				
).		:		ANA	
	Particulars of the Occupier (i) Name of the authorised person (occupier or		MEDI	RINTENDENT	
	operator of facility)		HOS	ARISHI VALMIKI PITAL	
	(ii) Name of HCF or CBMWTF	:	POO	TH KHURD	
	(iii) Address for Correspondence		1	HI-110039	
	(iv) Address of Facility	:	011	27803600-01	
	(v)Tel. No, Fax. No			shh@nic in	
	(vi) E-mail ID	•	Dal	ni.gov.in/nps/nigm/connect/d MVH/MVH/home	
	(viii) URL of Website (viii) GPS coordinates of HCF or CBMWTF			te Government	
	(ix) Ownership of HCF or CBMWTF	:		No	
	(x). Status of Authorisation under the Bio-Med	icai	1 4	Authorisation Application 11/05/2016 reference no DPCC/EC/3/3/2016/14657	
	Waste (Management and Handling) Rules		n	o DPCC/EC/3/3/2010/1403	
	Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and	Air	, ,	Valid up to: lot renewed	
	(xi). Status of Consents under Water Act and	Air		Valid up to: lot renewed	
	(xi). Status of Consents under Water Act and Act 2. Type of Health Care Facility	Air		Valid up to:	
	(xi). Status of Consents under Water Act and Act 2. Type of Health Care Facility (i) Bedded Hospital (ii) Non-bedded hospital	boratory or		Valid up to: lot renewed	
	(xi). Status of Consents under Water Act and Act 2. Type of Health Care Facility (i) Bedded Hospital (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Lal Research Institute or Veterinary Hospital	boratory or		Valid up to: lot renewed No. of Beds:150	
	(xi). Status of Consents under Water Act and Act 2. Type of Health Care Facility (i) Bedded Hospital (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Lat Research Institute or Veterinary Hospital other) (iii) License number and its date of expiry	boratory or		Valid up to: lot renewed No. of Beds:150 Not Applicable	
	(xi). Status of Consents under Water Act and Act 2. Type of Health Care Facility (i) Bedded Hospital (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Lal Research Institute or Veterinary Hospital other) (iii) License number and its date of expiry	boratory or al or any		Valid up to: lot renewed No. of Beds:150 Not Applicable Not Applicable	
	(xi). Status of Consents under Water Act and Act 2. Type of Health Care Facility (i) Bedded Hospital (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Lar Research Institute or Veterinary Hospital other) (iii) License number and its date of expiry 3. Details of CBMWTF (i) Number healthcare facilities	boratory or al or any		Valid up to: lot renewed No. of Beds:150 Not Applicable Not Applicable	
	(xi). Status of Consents under Water Act and Act 2. Type of Health Care Facility (i) Bedded Hospital (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Lar Research Institute or Veterinary Hospital other) (iii) License number and its date of expiry 3. Details of CBMWTF (i) Number healthcare facilities	boratory or al or any		Valid up to: lot renewed No. of Beds:150 Not Applicable Not Applicable	

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(iv) Quantity of biomedical waste treated or dis	Not Applica				
by CBMWTF	ble				
Quantity of waste generated or disposed in Kg					
annum (on monthly average basis)	Red Category: kg/pa				
	White: kg/pa				
	Blue Category: 200 pa				
	General Solid waste: -				
Details of the Storage, treatment, transportation					
Details of the Storage, a carrier,	6 meter *				
(i) Details of the on-site storage : facility	Size : 6 meter Capacity :				
identy					
	Provision of on-site storage : (cold storage or any other provision) YES				
(ii) Details of the treatment or :	Type of treatment No Cap Quantity				
disposal facilities	equipment of acit treatedo				
	unit y r				
	s Kg/ disposed				
	day in kg				
	per				
	annum				
	Incinerators				
	Plasma Pyrolysis				
	Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps				
	encapsulation or				
	concrete pit				
A STATE OF THE STA	Deep burial pits:				
	Chemical				
	disinfection:				
	Any other treatment				
	equipment:				
(iii) Quantity of recyclable wastes :	Red Category (like plastic, glass etc.)				
sold to authorized recyclers after	NIL				
treatment in kg per annum.					
(iv) No of vehicles used for collection :					
	As				
	per				
	CB				
	WTF				
	provi				
and transportation of biomedical	der				
waste	Overthe When				
(v) Details of incineration ash and	Quantity Where				
ETP sludge generated and disposed	generated disposed				

	during the treatment of wastes in Kg	Incineration		
	per annum	Ash		
		ETP Sludge NA		
T	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are	BIOTIC WASTE SOLUTION Pvt. Ltd. Attached (annex 1)		
	disposed of			
	(vii) List of member HCF not handed over bio-medical waste.	NIL		
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes attached (annex 2,3,4)		
7	Details trainings conducted on BMW	Annex 5		
	(i) Number of trainings conducted on BMW Management.	03		
	(ii) number of personnel trained	110		
	(iii) number of personnel trained at the time of induction	09 annex 6		
	(iv) number of personnel not undergone any training so far			
	(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	NIL		
	(ii) Number of the persons affected	NIL		
	(iii) Remedial Action taken (Please attach details if any)	NOT APPLICABLE		
	(iv) Any Fatality occurred, details.	nil 💮 🔻		
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Not Applicable		
	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?	Yes		
11	Is the disinfection method or sterilization meeting the log 4	No		
VIII VIII VIII VIII VIII VIII VIII VII	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)		
-		Not Applicable		

Certified that the above report is for the period from 1st January 2016 to 31st December 2016

Date:

Place Delhi

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Name and Signature of the Head of the Institution