

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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	Dr.C.K.Velayuthan Nair
	(i) Name of the authorised person (occupier or operator of facility)	:	Chairman, Sree Mookambika Institute of Medical Sciences
	(ii) Name of HCF orCBMWTF	:	Sree Mookambika Institute of Medical Sciences
	(iii) Address for Correspondence	:	Padanilam ,Kulasekharam
	(iv) Address of Facility		VPM Hospital Complex,Padanilam Kulasekharam
	(v)Tel. No, Fax. No	:	04651-280866
	(vi) E-mail ID	:	smimsmbbs@yahoo.co.in
	(vii) URL of Website		https://smims.sreemookambikainstitute.com
	(viii) GPS coordinates of HCF or CBMWTF		Latitude- N Decimal Degrees Longitude – E Decimal Degrees
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: 19 BAC 15575333 valid up to 31-03-2020
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31-03-2020
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 550.....
	(ii) Non-bedded 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		
3.	Details of CBMWTF	:	Aseptic Systems Biomedical Waste Management Company,Tirunelveli
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg perday
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day

4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	YellowCategory :9039 kg Red Category: 11285 kg White: 695 kg Blue Category : 1599 kg General Solid waste:																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : Capacity : Provision of on-sitestorage : (cold storage or any other provision)																																																
	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>NIL</td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>- 3 Nos</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td>- 10 Nos</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>Needle tip cutter or destroyer</td> <td>- 30 Nos</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>Chemical disinfection:</td> <td>1% Hypochlorite solution</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	NIL			Plasma Pyrolysis				Autoclaves	- 3 Nos			Microwave	- 10 Nos			Hydroclave				Shredder				Needle tip cutter or destroyer	- 30 Nos			Sharps encapsulation or concrete pit				Deep burial pits:				Chemical disinfection:	1% Hypochlorite solution			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 during the treatment of wastes in Kg per annum		<table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash			ETP Sludge																																									
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Aseptic Systems Biomedical waste Management Company
	(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.	16
	(ii) number of personnel trained	650
	(iii) number of personnel trained at the time of induction	116
	(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	
	(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?	Treated with 1 % Sodium Hypochlorite Solution
11	Is the disinfection method or sterilization meeting the log 4 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 January -2019 To December -2019

Name and Signature of the Head of the Institution

Date: 28-12-2020

Place : KULASEKHARAM



[Handwritten Signature]
CHAIRMAN

**Sree Mookambika Institute of Medical Sciences
V.P.M. Hospital Complex, Padanilam
Kulasekharam - 629 161**