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)]

| Sr. No | Particulars | | And the Reality of the State of | | |
|-----------|--|---|--|--|--|
| | Particulars of the Occupier | : | DR. A.Shak leppel | | |
| | (i) Name of the authorised person (occupier or operator of facility) | : | Dyd Sarod | | |
| | (ii) Name of HCF or CBMWTF | | UPPALNEURO HOSPITAL | | |
| | (iii) Address for Correspondence | : | 4. RANDI KA BAGH, Amzito | | |
| | (iv) Address of Facility | | | | |
| | (v)Tel. No, Fax. No | : | 0183-2226696 | | |
| | (vi) E-mail ID | : | ne interestation for and | | |
| 1. | (vii) URL of Website | | Whith leppel New 20 425. 6 | | |
| 1. | (viii) GPS coordinates of HCF or CBMWTF | | C.BMARTE | | |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) IMA. | | |
| | (x). Status of Authorisation under the Bio-MedicalWaste (Management and Handling)Rules | : | Authorisation No.: 7082220 valid up to 3.9.10.6/20. | | |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: 3 ~ / 06 / 2021 | | |
| | Type of Health Care Facility | : | | | |
| | (i) Bedded Hospital | : | No. of Beds: 105 | | |
| 2. | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | NIA | | |
| | (iii) License number and its date of expiry | | NU/A | | |
| 3. | Details of CBMWTF | : | | | |

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| | (i) Number healthcare facilities covered by CBMWTF | : | Amzotser Envire let 548 | | |
|----|--|---|--|--|--|
| | (ii) Number healthcare facilities covered by CBMWTF | : | | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | Kg per day | | |
| | (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) | : | Yellow Category :256.26Red Category :19137White:02.43Blue Category :87-92General Solid waste: | | |
| | 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) | | |
| 5. | (ii) disposal facilities | | Type of treatment equipmentNo of unitsCapacity Kg/dayQuantity Treated or disposed in kg per annumIncineratorsP PlasmaNo of Kg/dayNo or disposed in kg per annumIncineratorsP PlasmaPyrolysisAutoclavesMicrowaveHydroclaveShredderShredderNeedle tip cutter or destroyerSharps encapsulation or concrete pitDeep burial pits: ChemicalImage: Start | | |

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| 1 | (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 | | Quantity Where generated disposed Incineration Ash ETP Sludge |
| | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | : | ETP Sludge Amrstar Envirolare Sys (D) Ltd. |
| | (vii) List of member HCF not handed over bio-medical waste. | | |
| 6. 1 1 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | Yes. |
| 1 | Details trainings conducted on BMW | | 6. |
| | Number of trainings conducted on BMW Management. | | 101 |
| (| (ii) number of personnel trained | | Contraction of the second second |
| 7. t | (iii) number of personnel trained at the time of induction | | |
| l | (iv) number of personnel not undergone any training so far (v) whether standard manual for | | |
| | raining is available? | | |
| (| (vi) any other information) | | |
| | Details of the accident occurred during the year | | NIC |
| (| (i) Number of Accidents occurred | | NIC |
| | (ii) Number of the persons affected | | XIL. |
| 8 | (iii) Remedial Action taken (Please attach details if any) | | reic |
| (| (iv) Any Fatality occurred, details. | | Air |
| I r t | Are you meeting the standards of air Pollution from the incinerator? How nany times in last year could not met the standards? | | |
| 9. | Details of Continuous online emission monitoring systems installed | | |

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| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | Discupited Bef 1%. Solt Heypollerick Selletion into (H. P. Plant So M: CA: | Stree Stree Scener |
|-----|--|---|--|--------------------------|
| 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 O1/O1/2019 + O31/12/2019

For Uppal Neuro Floepital - Auth Lignat

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Name and Signature of the Head of the Institution

Date: 10/06/2020 Place Amzitset

NAME OF THE HOSPITAL :- UPPAL NEURO HOSPITAL

ADDRESS OF THE HOSPITAL :- 4- RANI KA BAGH, AMRITSAR

DETAIL OF BIO- MEDICAL WASTE FROM (JANY 2019 TO DEC. 2019) CATEGORY WISE DETAIL GIVEN BELOW:-

| CATEGORY IN I | KG/DAY | | | | |
|--------------------|-------------|-----------|-----------|---------------|---------------|
| MONTH | Weight of | Weight of | Weight of | Weight of | |
| Martin Contraction | Yellow Bags | Red Bags | Blue | Whites | |
| JANUARY | 272.27 | 166.55 | 86.09 | 0.96 | 1994 M. 28/18 |
| FEBRUARY | 250.04 | 173.1 | 52.76 | 11.35 | 60.000 |
| MARCH | 254.64 | 224.42 | 59.31 | | |
| APRIL | 282.11 | 227.68 | 74.22 | 1.59 | |
| MAY | 267.7 | 182.27 | 110.86 | 2.98 | |
| JUNE | 286.79 | 196.33 | 111.33 | Starte Starte | |
| JULY | 267.81 | 139.05 | 107.51 | 4.47 | 2200 |
| AUG. | 207.15 | 115.09 | 106.14 | 1.8 | |
| SEPT. | 239.55 | 186.24 | 74.69 | 0.53 | |
| OCT. | 278.88 | 229.6 | 88.33 | 1.46 | |
| NOV. | 269.72 | 161.69 | 139.7 | 2.87 | |
| DEC. | 198.45 | 294.47 | 44.05 | 1.13 | |
| TOTAL | 3075.11 | 2296.49 | 1054.99 | 29.14 | 8286200 |
| AVERAGE | 256.26 | 191.37 | 87.92 | 2.43 | 0 |

Depel Smith

1. R. M. K. L. Mr. Furnissee.