

**From -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	:																																																	
	(k) Name of the authorized person (occupier or operator of facility)	:	DEPUTY DIRECTOR																																																
	(ii) Name of HCF or CBMWTF	:	GOVT. GENERAL HOSPITAL																																																
	(iii) Address for Correspondence	:	JAIL STREET																																																
	(v) Address of Facility	:	YANAM - 533 464																																																
	(vi) Tel. No. Fax. No.	:	0884-2321224																																																
	(V) E-mail ID	:	ddghyanam@gmail.com																																																
	(xi) URL of Website	:	-																																																
	(xii) GPS coordinates of HCF of CBMWTF	:	Latitude - 16.72 N & Longitude - 82.21 E																																																
	(xiii) Ownership of HCF of CBMWTF	:	GOVERNMENT OF PUDUCHERRY																																																
	(xiv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	:	Authorization No. 605-BMWM M/s. EVB Technologies Valid up to...31.01.2021																																																
	(xv) Status of Consents under Water Act and Air Act.	:	Valid up to:--																																																
2.	Type of Health Care Facility	:																																																	
	(vii) Bedded Hospital	:	No. of Beds - 80																																																
	(viii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	--																																																
	(ix) License number and its date of expiry.	:	--																																																
3.	Details if CBMWTF	:																																																	
	(xv) Number healthcare facilities covered by CBMWTF	:																																																	
	(xvi) No. of beds covered by CBMWTF	:	80																																																
	(xvii) Installed treatment and disposal capacity of CBMWTF	:	_____ Kg per day																																																
	(xviii) Quantity of biomedical waste treated or disposal by CBMWTF	:	_____ Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category: 155 Kgs/month Red Category: 45 Kgs/month White: 5.1 Kgs/month Blue Category: 4 Kgs/month General Solid waste : 60 Kgs/month																																																
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility	:																																																	
	(iii) Details of the on-site storage facility	:	Size : Capacity: Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) 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 Paralysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>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>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>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 Paralysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer		---		Sharps encapsulation or concrete pit		----		Deep Burial pits:				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.	:	-
	(xix) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)	:	Quantity Generated Where disposal Incineration Ash ETP Sludge
	(xx) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	M/s. EVB TECHNOLOGIES, RAJAHMUNDRY, AP
	(xxi) 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.	:	-
7.	Detail trainings conducted on BMW	:	
	(xiii) Number of training conducted on BMW Management.	:	6
	(xiv) Number of personnel trained	:	12
	(xv) Number of personnel trained at the time of induction	:	All Staff
	(xvi) Number of personnel not undergone any training so far.	:	--
	(xvii) Whether standard manual for training is available ?	:	-
	(xviii) Any other information)	:	-
8.	Details of the accident occurred during the year	:	--
	(ix) Number of Accidents occurred	:	--
	(x) Number of the persons affected	:	--
	(xi) Remedial Action taken (Please attach details if any)	:	--
	(xii) 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.	:	-
11.	It 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	:	-

Certified that the above report is for the period from 01.01.2019 to 31.12.2019

Name and Signature of the Head of the Institution

DEPUTY DIRECTOR
Govt. General Hospital
Yanam-533 464.