

Date: 18-06-2024

To,

Karnataka State Pollution Control Board
Zonal office Gulbarga.
Plot no.12/2, Sy no.19/P Mansafdar layout,
M.G. Road, Santraswadi.
KALABURAGI-585101

Respected Sir,

Sub: Submission of the Annual Report of BMW

With reference to the above subject we are hereby submitting the Annual report with Form-IV (See Rule -13) of our healthcare Centre for the Common Biomedical waste treatment facility biomedical waste monthly.

Kindly Acknowledge and do the needful.

For, HCG Cancer Center Kalaburagi.



AUTHORIZED SIGNATORY



Form – IV
(See rule13)
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	:	
	(i) Name of the authorised person (occupier or : operator of facility)	:	Mr. Dileep. K.S.
	(ii) Name of HCF or CBMWTF	:	HCG CANCER CENTRE
	(iii) Address for Correspondence	:	NO 1/10A Khabapada Station Road
	(iv) Address of Facility	:	MDU with Bhandhavan Foundation.
	(v) Tel. No, Fax. No	:	08472-661000
	(vi) E-mail ID	:	galbaga.edmin@hcgel.com
	(vii) URL of Website	:	www.hcgoncology.com
	(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.: 102SEO/SLB/BMW/2018-19/12/.....valid up to Applied for Re aut
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30/9/2028
2.	Type of Health Care Facility	:	CANCER Centre
	(i) Bedded Hospital	:	No. of Beds: 90
	(ii) Non-bedded hospital	:	Included.

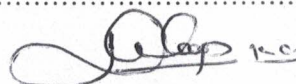
	Laborator (Clinic or Blood Bank or Clinical y or Research Institute or Veterinary Hospital or any other)		Included.
	(iii) License number and its date of expiry		U.A
3.	Details of CBMWTF	:	MOU with Blandhavan Foundation.
	(i) Number healthcare facilities covered by CBMWTF	:	—
	(ii) No of beds covered by CBMWTF	:	90
	(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 : 450 kgs / Per Annu Red Category : 750 Kgs / Annu White: 90 kgs / per Annu Blue Category : 250 kgs / per Annu General Solid waste: 1200 kg / Per Annu City Municipal Corporation.
5	Details of the Storage, treatment, transportation, processing and Disposal Facility 15/5		
	(i) Details of the on-site storage facility	:	Size : Capacity : MOU with Blandhavan Foundation. Provision of on-site storage : (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></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</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 Pyrolysis				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.) MOU with Beavandhavan Foundation																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	MOU with Beavandhavan Foundation																																																
	(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		—																																																
	(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		—																																																
7	Details trainings conducted on BMW		YES																																																
	(i) Number of trainings conducted on BMW Management.																																																		

	(ii) number of personnel trained		90 Members
	(iii) number of personnel trained at the time of induction		90 Member.
	(iv) number of personnel not undergone any training so far		00
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		
8	Details of the accident occurred during the year		—
	(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?		—
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

From 1/01/2023 to 31/12/2023



Name and Signature of the Head of the Institution

Date:

Place

