CANCER 2 NATITUSE - 2RM

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)]

SI.	Particulars		MA. WAHIA
No.	Particulars of the Occupier		KINSA22
1.	(i) Name of the authorised person (occupier or operator of facility)	:	
	(ii) Name of HCF or CBMWTF	:	Medscare LAVIronment Man plot NO-82p. 83 to 89,90 p Big
	(iii) Address for Correspondence	1:	DIO1 NO-82P. 83 to 89.90 000
	(iv) Address of Facility		- du-
	(v)Tel. No, Fax. No	· ·	
	(vi) E-mail ID	1:	\$ 5 214 84720 bmw, cure
	(vii) URL of Website	1	
	(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 JSPCO/HO/ANC/BMW-5688 .2020/30valid up to3??26/24
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/20/20/20
2.	Type of Health Care Facility	<u> </u>	
	(i) Bedded Hospital	:	CANCEN
	(ii) Non-bedded hospital	:	No. of Beds:
	(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		1 20
	(i) Number to be	:	Meelicare parpuntur en
	CBMWTF	:	Meeticar e par puntulation
	(ii) No of beds covered by CBMWTF	;	50
	(iii) Installed treatment and disposal capacity of CBMWIP OLLUTION	:	9 Ø Kg per day
	(ii) Installed treatment and disposal capacity of CBMWTPPOLLUTION CBMWTPPOLLUTION RANCHI		

.	(iv) Quantity of biomedical waste treated by CBMWTF					
•	Quantity of waste generated or disposed	in Kg per : Yellow Category : 20				
	annum (on monthly average basis)	Red Catagoni				
	1	White:				
	,					
		Blue Category : 20/				
		General Solid waste:				
	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage :	Size : 15 / P - P /				
	facility	/ 0 ///				
		Capacity: 200 mog '				
		Provision of on-site storage : (cold storage of				
		any other provision) N 1				
	(ii) Details of the treatment or :	Type of treatment No Cap Quantity				
	disposal facilities					
		unit y r				
		s Kg/ disposed				
		day in kg				
		per				
		annum				
		Incinerators MIL				
		Plasma Pyrolysis NIL				
		Autoclaves 03				
		Microwave - 01				
		Hydroclave				
		Shredder				
		Needle tip cutter or 1 pb				
		destroyer				
		Sharps				
		encapsulation or 07				
		concrete pit				
		Deep burial pits: 7				
	•	Chemical 07-				
		disinfection:				
		Any other treatment				
- ((iii) Quantity of recyclable wastes : R	equipment: ed Category (like plastic, glass etc.)				
	sold to authorized recyclers after					
	treatment in kg per annum.	NU				
	(iv) No of vehicles used for collection :					
1	and transportation of biomedical	or vullip				
1	vaste					
		(0, 1/1, 1) Quantity When				
1 ()	TP sludge generated and disposed	の KLD Quantity Where generated disposed				
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	during the treatment of wastes in Kg per annum	Incineration Ash 36000KLA UN ETP Sludge	, A
	(vi) Name of the Common Bio- : Medical Waste, Treatment Facility Operator through which wastes are disposed of	Ash ETP Sludge Mech cerre Environmenter pri LAN, Lohardogge Thankhonp	M
	(vii) List of member HCF not handed over bio-medical waste.	IN A.	
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	461	
7	Details trainings conducted on BMW	MEN.	-
	(i) Number of trainings conducted on BMW Management.	Y C.J.	
	(ii) number of personnel trained	2-0	
	(iii) number of personnel trained at the time of induction	05	
	(iv) number of personnel not undergone any training so far	05	-
	(v) whether standard manual for training is available?	¥. (• ↓ •	-
	(vi) any other information)	NA	
8	Details of the accident occurred during the year	m) O	
	(i) Number of Accidents occurred	N O	
	(ii) Number of the persons affected	NO	
	(iii) Remedial Action taken (Please attach details if any)	NO	
	(iv) Any Fatality occurred, details.	(N) (C)	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Y E 0	
	Details of Continuous online emission monitoring systems installed	120	
10		MES	
11	the state method of	YGJ'	

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standards? How many times you have (Air Pollution Control Devices attached with the not met the standards in a year? 12 Any other relevant information : 1.1. Joden Mypochine Unget of AKInhaling. Incinerator) Certified that the above report is for the period from 01/01/2022 TO 31/12/2022 Name and Signature of the Institution RBA, RANCT ANSARI Date: Ranch1. Place SAR AUDS