

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)]

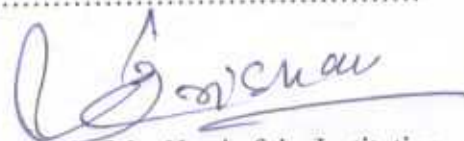
Sl. No.	Particulars		
1	Particulars of the Occupier	:	Vitasta Health Care Centre
	(i) Name of the authorized person (occupier or : operator of facility)	:	Dr. B. N. THUSOO
	(ii) Name of HCF or CBMWTF	:	Vitasta Health Care Centre
	(iii) Address for Correspondence	:	Plot. no. 32, Sector - 7,
	(iv) Address of Facility	:	Lower Kirti Nagar, Jammu
	(v) Tel. No, Fax. No	:	0191-2596000
	(vi) E-mail ID	:	Vitastahospital@gmail.com
	(vii) URL of Website	:	Vitastahealthcare.org
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) Trust
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 150 of 2022 Dated 18-02-2022 Valid upto: August-2025
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto:
2	Type of Health Care Facility	:	Polyclinic
	(i) Bedded Hospital	:	No. of Beds:
	(ii) Non-bedded hospital	:	Polyclinic
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	0102101200 Expiry: 13-11-2025
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	Kg / day
	(iv) Quantity of bio medical 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: (0.4) 33.33 grms/m Red Category: (27.43) 2.28 / month White: (5.1) 0.425 / month Blue Category: (25.48) 2.12 / month General Solid Waste: 60 kg / month
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage	:	Size:

	facility		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 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>1</td><td></td><td></td></tr> <tr><td>Hydroclave</td><td></td><td></td><td></td></tr> <tr><td>Shredder</td><td>1</td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td>2</td><td></td><td></td></tr> <tr><td>Sharps</td><td></td><td></td><td></td></tr> <tr><td>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	1			Hydroclave				Shredder	1			Needle tip cutter or destroyer	2			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	:																																																					
	(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</td><td></td><td></td></tr> <tr><td>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		Anmol Health Care village Rakh Rara Samba - Jammu																																																				
	(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		
	(i) Number of trainings conducted on BMW Management		06
	(ii) Number of personnel trained		12
	(iii) Number of personnel trained at the time of induction		03
	(iv) Number of personnel not undergone any training so far		
	(v) Whether standard manual for training is available?		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		
	(ii) Number of 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

January - 2024 to December - 2024



Name and Signature of the Head of the Institution

Vitasta Health Care Centre
Lower Roop Nagar, Muthi

Date:

Place:

Vitasta Health Care Centre Roop Nagar											
Period: 01-2024 : 12-2024											
		Yellow Bags		Red Bags		Blue Mark Box		Whites		Total	
Sl No.	Month	Count	Weight	Count	Weight	Count	Weight	Count	Weight	Count	Weight
1	Jan 2024	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
2	Feb 2024	0	0.00	1	2.50	0	0.00	0	0.00	1	2.50
3	Mar 2024	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
4	Apr 2024	0	0.00	1	1.10	1	1.50	1	0.80	3	3.40
5	May 2024	1	0.10	1	0.50	1	2.15	1	0.60	4	3.35
6	Jun 2024	0	0.00	2	3.78	1	3.10	1	0.40	4	7.28
7	Jul 2024	1	0.10	1	1.50	1	0.80	1	0.45	4	2.85
8	Aug 2024	0	0.00	3	3.20	3	1.50	2	0.70	8	5.40
9	Sep 2024	0	0.00	1	0.60	1	1.40	1	0.40	3	2.40
10	Oct 2024	0	0.00	1	3.65	1	8.10	1	0.60	3	12.35
11	Nov 2024	1	0.20	2	4.80	2	2.00	2	0.75	7	7.75
12	Dec 2024	0	0.00	1	5.80	1	4.93	1	0.40	3	11.13
Total		3	0.4	14	27.43	12	25.48	11	5.1	40	58.41