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)]

Sl. No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	
	(ii) Name of Health Care Facility		
	(iii) Address for Correspondence		
	(iv) Address of Facility		
	(v)Tel. No, Fax. No		
	(vi) E-mail ID		
	(vii) URL of Website		
	(viii) GPS coordinates of Health Care Facility		
	(ix) Ownership of Health Care Facility		(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.: …… ……..valid up to ……..
	(xi). Status of Consents under Water Act and Air Act		Valid up to:
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: …..
	(ii) Non-bedded hospital (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	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category :			
			Red Category :			
			White:			
			Blue Category :			
			General Solid waste:			
4	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)			
	(ii)disposal facilities		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			
	(iii) Quantity of recyclable wastes sold to authorised 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		Incineration & Ash ETP Sludge	Quantity Generated	where Disposed	
	(vii) List of member HCF not handed over bio-medical waste.					
5	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period					
6	Details trainings conducted on BMW					
	(i) Number of trainings conducted on BMW Management.					
	(ii) number of personnel trained					
	(iii) number of personnel trained at the time of induction					
	(iv) number of personnel not undergone any training so far					
	(v) whether standard manual for					

	training is available?		
	(vi) any other information)		
7	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.		
8	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		
9	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		
10	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
11	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

……..……
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Name and Signature of the Head of the Institution

Date:
Place