

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	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Deepshikha Agrawal
	(ii) Name of HCF or CBMWTF	:	MGM Eye Institute
	(iii) Address for Correspondence	:	5 th Mile Vidhan Sabha
	(iv) Address of Facility	:	Road, Saddu, Raipur
	(v) Tel. No, Fax. No	:	0771-2970670, 2970671
	(vi) E-mail ID	:	info@mgmeye.org
	(vii) URL of Website	:	www.mgmeye.org
	(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.: 7928/BMW/HO/CECB/2030valid up to 9.3.2023
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	Eye Care Institute
	(i) Bedded Hospital	:	No. of Beds:..... 50
	(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.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA 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 : 834.14g Red Category : 777 kg White: 72 kg Blue Category : 173 14g General Solid waste:																																																			
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																				
	(i) Details of the on-site storage facility :	Size : NA Capacity : NA Provision of on-site storage : (cold storage or any other provision)																																																			
	(ii) Details of the treatment or 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.) NA																																																			
	(iv) No of vehicles used for collection and transportation of biomedical waste :	NA																																																			
	(v) Details of incineration ash and ETP sludge generated and disposed	Quantity generated		Where disposed																																																	

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	SMS water grace Environment protect Private limited.
	(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	No
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	25
	(ii) number of personnel trained	20
	(iii) number of personnel trained at the time of induction	15
	(iv) number of personnel not undergone any training so far	—
	(v) whether standard manual for training is available?	yes
	(vi) any other information)	
8	Details of the accident occurred during the year	No
	(i) Number of Accidents occurred	No
	(ii) Number of the persons affected	No
	(iii) Remedial Action taken (Please attach details if any)	No
	(iv) Any Fatality occurred, details.	No
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Incinerator not in the unit
	Details of Continuous online emission monitoring systems installed	HA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	STP O Time non compliance.
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)

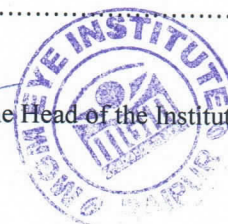
Certified that the above report is for the period from

..... 1/01/2022 to 31/12/2022

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Name and Signature of the Head of the Institution



Date:

Place *Peripur*