## Form - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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. S. ARAVIND CHIEF MEDICAL OFFICER		
	(ii) Name of HCF or CBMWTF	12	Tamilnadu waste management Limited		
	(iii) Address for Correspondence		Aravind Eye Hospital Poonamallee High Rd, Noombal, Poonamallee Tk Pin - 600077		
	(iv) Address of Facility		Aravind Eye Hospital Poonamalle High Rd, Noombal, Poonamallee T Pin - 600077		
	(v)Tel. No, Fax. No	1	044 4095 6100		
	(vi) E-mail ID	:	Chennai.ip@aravind.org		
	(vii) URL of Website		www.aravind.org		
	(viii) GPS coordinates of HCF or CBMWTF				
	(ix) Ownership of HCF or CBMWTF	12			
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules		Authorization No.: 18BAC11269599 valid up to 31.03, 2020		
	(xi). Status of Consents under Water Act and Air Act	1	Valid up to: 31.03.2020 (Applied for renewal)		
2.	Type of Health Care Facility				
	(i) Bedded Hospital	:	No. of Beds:750. Currently 150 beds in use.		
	(ii) Non-bedded hospital	1			
	(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	:	NA		
	(ii) No of beds covered by CBMWTF	1	NA		
	(iii) Installed treatment and disposal capacity of CBMWTF:	1	NA		

	(iv) Quantity of biomedical waste treated by CBMWTF	aste treated or disposed		1 .	NA				
4.	Quantity of waste generated or disposed in Kg per			:	Yellow Category		: 2	: 2,925 Kg	
	annum (on monthly average basis)				Red Cat			3,946 Kg	
					White	-07		VIL	
					Blue Category		: 3,026 Kg		
					General	-			
5	Details of the Storage, treatment, transpo	ortatio	n proces	sing an	52117-5-3397-15030	the state of the state of	SELECTION OF THE PARTY OF	***	
	(i) Details of the on-site storage	: 5	Size		X 6 ft				
	facility		Capacity:						
			Provisi	Provision of on-site storage :					
	(ii) Details of the treatment or disposal facilities		Тур	e of tre	atment	No	Cap	Quantity	
			equipment		of	acit	treated		
						unit	у	or	
				Incinerators		S	Kg/	disposed	
			1				day	in kg	
								per	
								annum	
			Inci			NA			
			Plasma Pyrolysis Autoclaves Microwave			NA			
					3				
						1			
			Hyd	Hydroclave			NA	NA	
			Shredder -		NA				
			Nee	Needle tip cutter or		NA			
			dest	stroyer			NA		
		1.	Shar	Sharps encapsulation or			14/1		
			enca				NA		
		co		crete pi	t		NA		
			Dee	p buria	l pits:		NA		
			Che	emical sinfection:			NA		
			disir				INA		
			Any	Any other treatment					
			31,	ipment:		NA			
	(iii) Quantity of recyclable wastes	1	Red Categor			stic, glass			
	sold to authorized recyclers after				NA				
	treatment in kg per annum.								
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Outsourced						
	(v) Details of incineration ash and				Ouar	ntity	W	nere	
	ETP sludge generated and disposed		Quantity Where generated dispose						

	during the treatment of wastes in Kg per annum	Incineration -NA Ash -NA ETP Sludge - NA
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	Tamilnadu Waste Management Limited
	(vii) List of member HCF not handed over bio-medical waste.	NΛ
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	YES( minutes attached)
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	4
	(ii) number of personnel trained	21
	(iii) number of personnel trained at the time of induction	All staffs
	(iv) number of personnel not undergone any training so far	NIL
	(v) whether standard manual for training is available?	YES
	(vi) any other information)	NIL.
8	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred	NIL
	(ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	NIL
	(iv) Any Fatality occurred, details.	NIL
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA
	Details of Continuous online emission monitoring systems installed	NIL
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	NΛ
11	Is the disinfection method or sterilization meeting the log 4	The disinfection method meets the prescribed standard

	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	• 1,000
47			

Certified that the above report is for the period from April 2019 to March 2020

Aravind Eye Hospital, Noombal, Poonamallee Tk

Date: 29.04.2020 .
Place CHENNAL .