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.	Particulars	T	
No.			
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr.R.Vigneshwar CMO
	(ii) Name of HCF or CBMWTF	:	Aravind Eye Hospital
	(iii) Address for Correspondence	:	Old Door no.21/1,Thadicombu Road, Dindigul 624001
	(iv) Address of Facility		do
	(v)Tel. No, Fax. No	:	0451-2434927
	(vi) E-mail ID	:	dgl.manager@aravind.org
	(vii) URL of Website		www.aravind.org
	(viii) GPS coordinates of HCF or CBMW		10.3687222, 77.9683056
	(ix) Ownership of HCF or CBMWTF	:	Govel Trust (Charitable trust) 296/34 of 1977 on 6.5.1977
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 24BAZ60318796 dated 25.7.2024.valid up to 31.3.2026
	(xi). Status of Consents under Water Act and Air Act	:	Auth no 2408258864770 dt 13.5.2024 for Air Valid up to:31.3.2024 Auth no 2408258864770 dt 13.5.2024 upto 31.3.2026 for Water
2.	Type of Health Care Facility	:	Eye Hospital
	(i) Bedded Hospital	:	No. of Beds:36
ŀ	(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		DDGLALL20220033002 valid upto 16.11.2027
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg per day

	(iv) Quantity of bio			:	NA, since our unit is trust Private) hospital			
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)				105kg	Yellow (Yellow Category	
					81kg	Red Cate		
					nil 40kg		White: Blue Category:	
						Newson electric		
						General Solid waste:		
						General Solid waste:		
5	Details of the Storage, treatment, transportation, processing a Disposal Facility				nd			
	(i) Details of the on-site storage	:	Size :		8 x3 x6 ft			
	facility			Capac	pacity: 50		0 KGs	
				Provis	ion of o		Α	
				Provision of on-site storage any other provision)			C	
	(ii) Details of the	treatment or	:				No of't	
	disposal facilities			equipment		tment No of unit :		
				cqu	ipinent		la.	
				Not	annlical	ble		
				Not applicab		DIE		
							111 20	
		-	Incinerators NA					
				Plasma Pyrolysis				
				Autoclaves				
				Microwave NA				
				Hydroclave NA				
			Shredder NA					
			Needle tip cutter or					
				1	royer		to base hos	
						100000000000000000000000000000000000000	to base nos	
				Sharps NA				
				encapsulation or NA				
				concrete pit NA				
				Deep burial pits: NA Chemical				
	9					27.1		
	(iii) Quantity of manualship			disinfection: NA				
				Any other treatment – NII			11	
_				Equipment:NIL				
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment		:	Red	77		ory (like plastic	
	in kg per annum.			Categor	Category (like plastic,		IA	
				glass et	glass etc.)			
				NA				
	(iv) No of vehicles used for collection and		:	Commor	1			
	transportation of biomedical			vehicle	The state of the s			
	waste			provide by				
+	(v) Details of inci-	neration ash and		CBMWT	DF	Quantit		
	ETP sludge generat				Quantity	nerated		

	during the treatment of wastes in Kg		Incineration	
	per annum		Ash ETP Sludge NA	
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	: M/S Re Sustainability Health Care Solutions Ltd., NOo.2B/1,Vaigai Main Street, Velmurugan Nagar,By passRoad, Madurai 625010		
	(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.		2	
	(ii) number of personnel trained		4	
	(iii) number of personnel trained at the time of induction		4	
	(iv) number of personnel not undergone any training so far		Nil	
	(v) whether standard manual for training is available?			
8	(vi) any other information) Details of the accident occurred		Nil	
Ü	during the year		į.	
	(i) Number of Accidents occurred		Nil	
	(ii) Number of the persons affected		Nil	
	(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?		NA	
	Details of Continuous online emission monitoring systems installed		NA	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Nil	
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) NIL

Certific	ed that the above report is for the period from	m 1.1.2023 to 31.12.2023
		Name and Signature of the Head of the Institution
Date:	23.1.2024	Dr. R. VIGNESHWAR Reg. No.: 113114
Place	Dindigul	