## 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)]

SI.	Particulars		
No.			_
1.	Particulars of the Occupier	3	
	(i) Name of the authorised person (occupier or operator of facility)		Dr. V. Narendran, Chief Medical Officer Occupier
	(ii) Name of HCF or CBMWTF	:	M/s Aravind Eye Hospital, Coimbatore
	(iii) Address for Correspondence	:	Avinashi Road, Civil Aerodrome Post
	(iv) Address of Facility		Avinashi Road, Civil Aerodrome Post
	(v)Tel. No, Fax. No	:	0422-4360400, 9442790917
	(vi) E-mail ID	:	cbe.maintenance@aravind.org
	(vii) URL of Website		www.aravind.org
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No: 22BAZ42563002 Valid up to: 31/03/2025
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/03/2025
2.	Type of Health Care Facility	:	Eye Hospital
	(i) Bedded Hospital	ż	No. of Beds: 169
	(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		CMBEALL20250002967 05-11-2029
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 biomedical waste treated by CBMWTF	ed or o	disposed		K	g/day		
4.	Quantity of waste generated or disposannum (on monthly average basis)	sed in	Kg per	:	Red Cates White:	gory:6,10	07 Kgs 264 K	gs per annum per annum gs per annum
5				ssing and Disposal Facility : 10' x 10' ty: 800 cft on of on-site storage : NIL				
	(ii) Details of the treatment or disposal facilities		Incin Plast Auto Micr Hydr Shree Need destr Shart encar concr Deep Cherr disint Any equip	erato na Py clave owav oclav dder le tip oyer os osulat rete p buria nical fectio other oment	rs rolysis s e cutter or ion or it al pits: n: treatment	No of unit s		Quantity treatedo r disposed in kg per annum
	(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				Quant gener		Wh disp	ere oosed

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge		
	Medical Waste Treatment Facility Operator through which wastes are disposed of	: M/s Tekno Therm Industries		
	(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	As a part of Infection control committee.		
7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management.	10		
	(ii) number of personnel trained	780		
	(iii) number of personnel trained at the time of induction	180		
	(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			
	(i) Number of Accidents occurred			
	(ii) Number of the persons affected	Not Applicable		
	(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?	Not Applicable		
	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?	Not Applicable		
11	Is the disinfection method or sterilization meeting the log 4	Not Applicable		

	standards? How many times you have not met the standards in a year?	
12	Any other relevant information	Not Applicable

Certified that the above report is for the period from 01/01/2024 to 31/12/2024

V. Navendran

Name and Signature of the Head of the Institution

Dr. V. NARENDRAN, D.O., Dip., N.B., Reg. No: 43850 CHIEF MEDICAL OFFICER ARAVIND EYE HOSPITAL

Avinashi Road, Coimbatore-641 014.

Date: 01.03.2025

Place: Coimbatore