## 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 (CBMWTF)]

Sl. No.	Particulars				
1.	Particulars of the Occupier				
1.	(i) Name of the Authorised person (occupier	:	Aravind Eye Hospital – IP Block		
	or : operator of facility)		Travina Lyc Hospital H Block		
	ii) Name of HCF	:	Aravind Eye Hospital		
	iii) Address for Correspondence	:	10, K.K. Salai 3 <sup>rd</sup> Street,		
	m) read consequence		Anna Nagar		
	iv) Address of Facility	:	Madurai 625 020		
	v) Tel No., Fax No.	:	94434 39977		
	vi) E-mail ID	:	jeyachandran@aravind.org		
	vii) URL of Website	:	www.aravind.org		
	viii) GPS Co-ordinates of HCF or CBMWTF	:	9.922135 – Latitude		
			78.139680 - Longitude		
	ix) Ownership of HCF or CBMWTF	:	Private		
	x) Status of Authorisation under the Bio-	:	Authorisation No.		
	Medical Waste (Management and Handling)		22BAZ39585727 dated on		
	Rules		21.01.2022 valid to 31.03.2025		
	(xi). Status of Consents under Water and Air Act	:	Valid up to 31.03.2025		
2.	Type of Health Care Facility				
	i) Bedded Hospital		No. of Beds: 250 Nos.		
	ii) Non Bedded Hospital				
	(Clinic or Blood Bank or Clinical		N/A		
	Laboratory or Research Institute or				
	Veterinary Hospital or any other)				
	iii) License Number and its date of expiry				
3.	Details of CBMWTF				
	i) Number healthcare facilities covered		N/A		
	by CBMWTF				
	ii) No of Beds covered by CBMWTF		N/A		
	iii) Installed treatment and disposal		N/A		
	capacity of CBMWTF				
	iv) Quantity of Bio Medical Waste				
	Treated or disposed by CBMWTF		78 1 2 1 1		
4.	Quantity of Waste Generated or disposed in		Yellow Category: 2287.41 Kg/year		
	Kg per annum (on monthly average basis)				
			Red Category:		
			White: 552.24 Kg/year		
	A		Blue Category:		
			General Solid Waste:		
5.	Details of the Storage, treatment, Transportatio	n, p	rocessing and disposal facility		
	i) Details of the on-site storage facility		Size : $4 \text{ m x } 2.5 \text{ m} = 10 \text{ Sq.m. Area}$		
			Capacity:		
			Previous of onsite 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					
			The section of the se					
			Hydroclave					
			Shredder					
			Needle tip					
			cutter or					
			destroyer					
			Sharps					
			encapsulation					
			or concrete pit					
			Deep Burial					
			Pits					
			Chemical					
			disfection					
			Any other					
			treatment					
			equipment					
			iko plast	ic alacs etc	)			
	iii). Quantity of recyclable wastes sold to authorized recyclers after treatment		Red category (like plastic, glass etc.)  No			.)		
	in kg per annum		CBMWTF Vehicle					
	iv). No. of vehicles used for collection							
	and transportation of biomedical waste	_		Quantity Where disposed				
	v). Details of incineration ash and ETP sludge generated and disposed during			Quantity Generated		e disposed		
	the treatment of wastes in Kg per annum	Incineration:						
		Ash : N/A ETP Sludge :						
	vi) Name of the Common Bio Medical		M/s. Re sustainability Healthcare Solution					
	Waste Treatment Facility Operator		Ltd, 2B/1, Vaigai Main Street, Velr					
	Through which wastes are disposed for		Nagar, Byepass Road, Madurai 625 020					
	vii). List of member HCF not handed			N	/ <b>A</b>			
	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				0			
7.	Details training conducted on BMW							
	i) Number of trainings conducted on BMW Management				4			

	(ii) Number of personnel trained	25 Nos.
	(iii) Number of personnel trained at the	25 Nos.
	time of induction	
	(iv) Number of personnel not undergone	
	any training so far	
	(v) Whether standard manual for training	Yes
	is available?	
	(vi) any other information	N/A
8	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	
9	Are you meeting the standards of air	
	Pollution from the incinerator? How many	N/A
	times in last year could not met the	
	standards?	
	Details of Continuous online emission	N/A
	monitoring systems installed	
10	Liquid waste generated and treatment	N/A
	methods in place. How many times you	
	have not met the standards in a year?	
11	Is the disinfection method or sterilization	N/A
	meeting the log 4 standards? How many	
	times you have not met the standards in a	
10	year?	(A's Dellation Control Design
12	Any other relevant information	(Air Pollution Control Devices
		attached with the Incinerator)
		Provided DG sets Acoustic enclosures with stack.
		enclosures with stack.

Certified that the above report is for the period from
Name and Signature of the Head of the Institution
Name and Signature of the Head of the Institution

Date: 31.03.2025

Place: Madurai

Dr. R. KIM Chief Medical Officer ARAVIND EYE HOSPITAL 1, Anna Nagar MADURAI - 625 020