## 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)]

Particulars				
Particulars of the Occurring	-			
operator of facility)	:	Aravind Eye Hospital – OP Block		
ii) Name of HCF	:	Aravind Eye Hospital		
iii) Address for Correspondence	_	No.1, 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	:	9.921195 – Latitude 78.140085 – Longitude		
ix) Ownership of HCF or CBMWTF	:	Private		
x) Status of Authorisation under the Bio- Medical Waste (Management and Handling)	:	22BAZ39584831 dated on		
		21.01.2022 valid to 31.03.2025		
	:	Valid up to 31.03.2025		
		No. of Beds : N/A		
(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		Others – Eye Care Hospital Out Patients only		
iii) License Number and its date of expiry				
Details of CBMWTF				
i) Number healthcare facilities covered by CBMWTF		N/A		
ii) No of Beds covered by CBMWTF		N/A		
iii) Installed treatment and disposal capacity of CBMWTF		N/A		
iv) Quantity of Bio Medical Waste Treated or disposed by CBMWTF				
Quantity of Waste Generated or disposed in Kg per annum (on monthly average basis)		Yellow Category: 1602 Kg/year		
-		Red Category:		
		White: 320.04 Kg/year		
		Blue Category:		
		General Solid Waste:		
Details of the Storage, treatment, Transportation, p	roc			
		Size: $4 \text{ m x } 2.5 \text{ m} = 10 \text{ Sq.m. Area}$		
		Capacity:		
	_	Previous of onsite Storage : (cold		
:		torage or any other provision		
	Particulars of the Occupier  (i) Name of the Authorised person (occupier or : operator of facility)  ii) Name of HCF  iii) Address for Correspondence  iv) Address of Facility  v) Tel No., Fax No.  vi) E-mail ID  vii) URL of Website  viii) GPS Co-ordinates of HCF or CBMWTF  ix) Ownership of HCF or CBMWTF  x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules  (xi) Status of Consents under Water and Air Act  Type of Health Care Facility  i) Bedded Hospital  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  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  iv) Quantity of Bio Medical Waste Treated or disposed by CBMWTF  Quantity of Waste Generated or disposed in Kg per annum (on monthly average basis)	Particulars of the Occupier  (i) Name of the Authorised person (occupier or : operator of facility)  ii) Name of HCF  iii) Address for Correspondence  iv) Address of Facility  v) Tel No., Fax No.  vi) E-mail ID  vii) URL of Website  viii) GPS Co-ordinates of HCF or CBMWTF  ix) Ownership of HCF or CBMWTF  x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules  (xi). Status of Consents under Water and Air Act  Type of Health Care Facility  i) Bedded Hospital  ii) Non Bedded Hospital  iii) 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  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  iv) Quantity of Bio Medical Waste Treated or disposed by CBMWTF  Quantity of Waste Generated or disposed in Kg per annum (on monthly average basis)  Details of the Storage, treatment, Transportation, procein Details of the on-site storage facility  Details of the Storage, treatment, Transportation, procein Details of the on-site storage facility		

	ii) Disposal Facilities	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity treated or disposed in Kg per			
			12		annum			
		Incinerators						
		Plasma						
		Pyrolysis						
		Autoclaves						
		Microwave						
		Hydroclave						
		Shredder						
		Needle tip			-			
		cutter or						
	-2"	destroyer						
		Sharps						
		encapsulation						
		or concrete pit			-			
		Deep Burial Pits						
		Chemical	+		2			
		disfection						
		Any other						
		treatment						
		equipment						
	iii). Quantity of recyclable wastes sold	Red category (like plastic, glass etc.)		:.)				
	to authorized recyclers after treatment	NT.						
	in kg per annum	No CBMWTF Vehicle						
	iv). No. of vehicles used for collection							
	and transportation of biomedical waste		WI I'					
	v). Details of incineration ash and ETP		Quantity Where disposed Generated					
	sludge generated and disposed during		Jenerate	u				
	the treatment of wastes in Kg per	Incineration:						
	annum	Ash :	N/A	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, Velmurugan					
	Through which wastes are disposed for	Nagar, Byepa	ss Road	l, Madurai	625 020			
			_	Y / A				
	vii). List of member HCF not handed		N	I/A				
	over Bio Medical Waste	-		10				
6.	Do you have bio-medical waste	NO						
	management committee? If yes attach							
	minutes of the meetings held during the	1						
	reporting period							
7.	Details training conducted on BMW							
	i) Number of trainings conducted on			4				
	BMW Management							

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

rtified that the above report is for the period from	

Name and Signature of the Head of the Institution

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

Date: 31.03.2025

Place: Madurai