

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. No.	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorised person (occupier or operator of facility)	DY. G. ANITHA SENIOR MEDICAL OFFICER
	(ii) Name of HCF or CBMWTF	ARAVIND EYE HOSPITAL, TUTICORIN
	(iii) Address for Correspondence	38/4 MEENAKSHIPURAM WEST, TUTICORIN
	(iv) Address of Facility	120
	(v) Tel. No, Fax. No	94434 933 81
	(vi) E-mail ID	tut.office@aravind.org
	(vii) URL of Website	www.aravind.org
	(viii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No. 21 BAD 3268 0487 valid up to 31/3/2030
	(xi). Status of Consents under Water Act and Air Act	Valid up to: 31/3/2030
2.	Type of Health Care Facility	
	(i) Bedded Hospital	No. of Beds: 20
	(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	TTK DALL 2020 0008642
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 or disposed by CBMWTF	_____ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 777 Kgs Red Category : 364 Kgs White: 61 Kgs Blue Category : 125 Kgs General Solid waste:
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility	Size : _____ Capacity : _____ Provision of on-site storage (cold storage or any other provision) : _____

(For Jan-Dec 2024)

	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 Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment:			
	(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 during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge	Quantity generated	Where disposed	
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	ASEPTIC SYSTEMS BIOMEDICAL WASTE COMPANY			
	(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	Yes, HIC Committee is there in place			
7	Details trainings conducted on BMW				
	(i) Number of trainings conducted on BMW Management.		12		
	(ii) number of personnel trained		35		
	(iii) number of personnel trained at the time of induction		All staff		
	(iv) number of personnel not undergone any training so far		—		
	(v) whether standard manual for training is available?		Yes		
	(vi) any other information				
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?		-
	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?		-
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)

Certified that the above report is for the period from

Jan- DEC 2024

for [Signature]

Name and Signature of the Head of the Institution

Date:

26/6/2025

Place

Tuticorin