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 authorized person (occupier or operator of facility)	:	DR. S. ARAVIND CHIEF MEDICAL OFFICER			
	(ii) Name of HCF or CBMWTF	:	Tamilnadu waste management Limited			
	(iii) Address for Correspondence	:	Aravind Eye Hospital Poonamallee High Rd, Noombal, Poonamallee Tk Pin - 600077			
	(iv) Address of Facility		Aravind Eye Hospital Poonamallee High Rd, Noombal, Poonamallee T Pin - 600077			
	(v)Tel. No, Fax. No		044 4095 6100			
	(vi) E-mail ID	:	revathy.kannadhasan@aravind.org			
	(vii) URL of Website	FCF	www.aravind.org			
	(viii) GPS coordinates of HCF or CBMWTF					
	(ix) Ownership of HCF or CBMWTF	:	- 1 - 1			
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: 22BAZ38390475 valid up to 31.03. 2026			
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.03.2026			
2.	Type of Health Care Facility	:				
	(i) Bedded Hospital	:	No. of Beds:250			
	(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		-			
3.	Details of CBMWTF	:	NA			
	(i) Number healthcare facilities covered by CBMWTF	:	NA			
	(ii) No of beds covered by CBMWTF	:	NA			
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA			

	(iv) Quantity of biomedical waste treated by CBMWTF	sposed	1			NA		
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)			:	Yellow	Category	: 6	,747 Kg
				İ	Red Cat	egory	: 4	,772 Kg
					White		: N	NIL
					Blue Category		: 1109 Kg	
					General Solid waste: NIL			L
	Details of the Storage, treatment, transpo	sing a	nd Disposa	al Facility	y			
	(i) Details of the on-site storage	1	Size		ft X 10 ft			
	facility		Capacity:					
			Provision of on-site storage : Available				ailabla	
			FIGVISI	ion of on-site storage			. Available	
	(ii) Details of the treatment or		Тур	ype of treatment		No	Cap	Quantity
	disposal facilities		equipment			of	acit	treated
						unit	У	or
						S	Kg/	disposed
							day	in kg
								per
	E 530 F							annum
			Incinerators			NA		
			Plasma Pyrolysis			NA		
	-		Autoclaves Microwave			3		
						1		
	=		Hydroclave			NA		
		i	200 min	Shredder			NA	
					cutter or		NA	
				destroyer			NA	
			Shai					
				encapsulation or			NA	
			concrete pit Deep burial pits:			NA		
				p buria mical	il pits:		NA	
			3165		lagoris e o		NA	
			100	disinfection:				
			Any other treatment equipment:			201		
	(iii) Quantity of recyclable wastes					tio class	NA ota	
	sold to authorized recyclers after	:	Red Ca	Red Category (like plastic, glass etc.) NA				
	treatment in kg per annum.				. 14 1			
	(iv) No of vehicles used for collection	:		-				
	and transportation of biomedical	-		Outsourced				
	waste							
	(v) Details of incineration ash and				Quar	ntity	Wh	ere
	ETP sludge generated and disposed				gene			osed

	during the treatment of wastes in Kg per annum		Incineration -NA Ash -NA ETP Sludge - NA
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Tamilnadu Waste Management Limited
	(vii) List of member HCF not handed over bio-medical waste.		NA
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		YES(minutes attached)
7	Details trainings conducted on BMW		
414	(i) Number of trainings conducted on BMW Management.	100	10
	(ii) number of personnel trained		48
	(iii) number of personnel trained at the time of induction		All staffs
	(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		NIL
	(i) Number of Accidents occurred		NIL
	(ii) Number of the persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NIL
	(iv) Any Fatality occurred, details.		NIL
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		NIL
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		NA
11	Is the disinfection method or sterilization meeting the log 4		The disinfection method meets the prescribed standards

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

Certified that the above report is for the period from Jan 2024 to Dec 2024

Aravind Eye Hospital Noombal, Poonamalles Tcheny

Date: 17. DH. 2015 Place CHENNAI