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.	Particulars		
No.			
ι.	Particulars of the Occupier		ø
	(i) Name of the authorised person (occupier or		HOD Director (Ayush) M.
	operator of facility)		1
	(ii) Name of HCF or CBMWTF	2	sms water grace BMW(
	(iii) Address for Correspondence		AUTCH, Karol Bough, N-D-1
	(iv) Address of Facility		AUTCH Karol Bogh, N.D-1
	(v)Tel. No, Fax. No	:	0
	(vi) E-mail 1D		meofficelebbia @ gmail. com
	(vii) URL of Website		
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	7	(State Government or Private or
			Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical	1	Authorisation No.:
	Waste (Management and Handling) Rules		
			valid up to
	(xi). Status of Consents under Water Act and Air	:	Valid up to:
	Act		
2.	Type of Health Care Facility	•	AUTCH, Karol Bagh. N.D-95
	(i) Bedded Hospital	•	No. of Beds: 2.4 0
	(ii) Non-bedded hospital	100	NA
	(Clinic or Blood Bank or Clinical Laboratory or		
	Research Institute or Veterinary Hospital or any		
	other)		
	(iii) License number and its date of expiry		NA
3.	Details of CBMWTF	•	
	(i) Number healthcare facilities covered by	:	NA
	CBMWTF		1 4 . 1
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of		MA Kg per day
	CBMWTF: , , , , , , , , , , , , , , , , , , ,		
	Le ce 20/05/2025		

(iv) Quantity of biomedical waste treate by CBMWTF		Y A Reday						
Quantity of waste generated or dispos	\boldsymbol{v}_{m}							
annum (on monthly average basis)	ea m	129.15 Kg/m						
<u></u>		Red Category: 1001.88 Kg Triv						
		White: 2.2 kg month						
		Blue Category: 4-5 kg month						
The of the Ctorogo Asset		C 10 1:1						
Details of the Storage, treatment, transposit	ortatio	n, processing and Disposal Facility						
(i) Details of the on-site storage facility	:	Size : NA						
		Capacity: NA						
		Provision of on-site storage : (cold storage or						
	- 1	any other provision)						
(ii) Details of the treatment or	•	Type of treatment No Cap Quantity						
disposal facilities		equipment of acit treatedo						
		unit y r						
		s Kg/ disposed						
		day 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	•	Red Category (like plastic, glass etc.)						
sold to authorized recyclers after								
treatment in kg per annum.		NA						
(iv) No of vehicles used for collection	,	md Ambirla						
and transportation of biomedical		01 Vehicle from Treatmen						
Waste		facility Francepost Bmw						
(v) Details of incineration ash and		Quantity Where						
ETP sludge generated and disposed		generated disposed						

	during the treatment of wastes in Kg							
1	per annum	Inc	inerati	on	2	1 1		
A		Asl				I A		
ij.	(vi) Name of the Com-	ET	P Slud	oe.	N	/-)		
4	(vi) Name of the Common Bio-	: 0-	1			LA		
Y	Medical Waste Treatment Facility	. Cn	15	wate	8	Grace	2 12	mu
	Operator through which wastes are		/	n) .		1	- 0	,
_	disposed of		(P	10=)		
	(vii) List of member HCF not handed							
_	over bio-medical waste.	•	V	A				
6	Do you have bio-medical waste							
	management committee? If we attack							
	minutes of the meetings held during		Ye	3				
	the reporting period		•					
7	Details trainings conducted on BMW							
	(i) Number of trainings conducted on		(9			7.	
	BMW Management.	,	•					
	(ii) number of personnel trained		,					1
	(iii) number of personnel trained at	12.	_ 2	00				
	the time of induction		- : 1	20				
	(iv) number of		10					
	undergone any training so far		27	10				
	(v) whether standard manual for							
	training is available?	· /	051	Yes				
	(vi) any other information)		ih.					
8	Details of the accident occurred	-	UP.					
	during the year							
	(i) Number of Accidents occurred		Núi					
	(ii) Number of the persons affected			•				
	(iii) Remedial Action taken (Please		NU					
	attach details if any)		-					
-	(iv) Any Fatality occurred, details.		wi	p——				
9.	Are you meeting the standards of air		`^	•				
	Pollution from the incinerator? How		MA	(
	many times in last year could not met							
-	the standards?							
	Details of Continuous online emission	4	lle					
10	monitoring systems installed		UI A					
1.	Liquid waste generated and treatment		zù	D .				
	mediods in place. How many times		,	1				
	you have not met the standards in a year?							
1								
	Sterilization method or							
	meeting the log 4							

standards? How many times you have not met the standards in a year?		NO, most of the-time Autocke	ave
Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)	
		MA	

catified that the above report is for the	ne period from	Jan 2024	31 Dec, 2024
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Date: 13/2/25
Place Delli

Name and Signature of the Head of the Instruction D.

MD (Panchakarma) tion D.

Medical Superintendent

A & U Tibba College

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