

**Form - IV**  
**(See rule 13)**  
**ANNUAL REPORT**

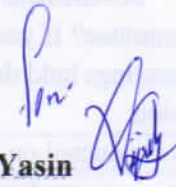
[To be submitted to the prescribed authority on or before 30<sup>th</sup> June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	<b>Farhan Yasin</b>
	(ii) Name of HCF or CBMWTF	:	<b>Aster PMF Hospital</b>
	(iii) Address for Correspondence	:	<b>Aster PMF Hospital, Manakkara, Sasthamcotta P.O., Kollam- 690521</b>
	(iv) Address of Facility	:	<b>Same as above</b>
	(v) Tel. No, Fax. No	:	<b>04762654000, 04762654200</b>
	(vi) E-mail ID	:	<a href="mailto:asterpmf@asterhospital.com">asterpmf@asterhospital.com</a>
	(vii) URL of Website	:	<a href="http://www.asterhospitals.in">www.asterhospitals.in</a>
	(viii) GPS coordinates of HCF or CBMWTF	:	<b>GPS coordinates of HCF</b>
	(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.: <b><u>KSPCB/KL/ICO/10050334/VAR/2024</u></b> valid up to <b><u>30.06.2028</u></b>
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: <b><u>30.06.2028</u></b>
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: <b><u>150</u></b>
	(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	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF	:	_____ Kg perday
	(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 : <b>795 kg monthly</b> Red Category : <b>637 kg monthly</b> White : - Blue Category : - 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)																																																
	disposal facilities		<table border="1"> <thead> <tr> <th data-bbox="818 600 1098 672">Type of treatment equipment</th> <th data-bbox="1106 600 1153 672">No of units</th> <th data-bbox="1161 600 1249 739">Capacity Kg/day</th> <th data-bbox="1257 600 1420 851">Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td data-bbox="818 862 1098 896">Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="818 907 1098 940">Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="818 952 1098 985">Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="818 996 1098 1030">Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="818 1041 1098 1075">Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="818 1086 1098 1120">Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="818 1131 1098 1164">Needle tipcutter or destroyer</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="818 1176 1098 1209">Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="818 1220 1098 1254">Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="818 1265 1098 1299">Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td data-bbox="818 1310 1098 1344">Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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 tipcutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				Chemical disinfection:				Any other treatment equipment:			
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	(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	:	<table border="1"> <thead> <tr> <th data-bbox="818 1731 1018 1792">Quantity generated</th> <th data-bbox="1026 1731 1420 1792">Where disposed</th> </tr> </thead> <tbody> <tr> <td data-bbox="818 1803 1018 1836">Incineration</td> <td></td> </tr> <tr> <td data-bbox="818 1848 1018 1881">Ash</td> <td></td> </tr> <tr> <td data-bbox="818 1892 1018 1926">ETP Sludge</td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed	Incineration		Ash		ETP Sludge																																									
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:																																																	

	(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	:	<b>Its incorporated with Infection Control Committee</b>
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.	:	<b>Monthly once</b>
	(ii) number of personnel trained	:	<b>All Staff</b>
	(iii) number of personnel trained at the time of induction	:	<b>All Staff</b>
	(iv) number of personnel not undergone any training so far	:	<b>Nil</b>
	(v) whether standard manual for training is available?	:	<b>Yes</b>
	(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  
1<sup>st</sup> January 2023 to 31<sup>st</sup> December 2023

  
**Farhan Yasin**

**Vijish V.K**  
Head Operations  
Aster PMF HOSPITAL  
Sasthamcotta

Name and Signature of the Head of the Institution

Date: 6<sup>th</sup> April 2024

Place: Sasthamcotta

