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)]

SI. No.	Particulars	Details	
1	Particulars of the Occupier		
	(i) Name of the authorised person (occupier or operator of facility)	Mr. Farhan Yasin	
	(iii) Name of HCF or CBMWTF	KKD.0088 Malabar Institute of Medical Se	ciences Ltd.
	(iii) Address for Correspondence	27/1515, Govindapuram , Mini Kozhikode, Kozhikkode Kerala, India Pin - 673016	By Pass Road
	(iv) Address of Facility	27/1515, Govindapuram , Mini Kozhikode, Kozhikkode Kerala, India Pin - 673016	By Pass Road
	(v) Tel. No	04952488222, 9847020900	
	(vi) E-mail ID	infectioncontrol@asterhospita	Lcom
	(viii) URL of Website		
	(Viii) GPS coordinates of HCF or CBMWTF	Latitude - Longitude -	11.2462445 75.7979676
	(ix) Ownership of HCF or CBMWTF	Chief Executive Officer	
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		
	(xi) Status of Consents under Water Act and Air Act		
	Type of Health Care Facility		
	(i) Bedded Hospital	Private Hospital (PH)	
	(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	XI/31/19-20	

3	Details of CBMWTF	IMAGE / IMA,KSB,I Manthuruthy,Kanji Tel. No.:0491 2570 Fax. No.:0491 2570	kkode west, 470,	nalakshmi Mudi Palakkad - 678	ralayam, 623,
	(i) Number healthcare facilities covered by CBMWTF	16602			
	(ii) No of beds covered by CBMWTF	163474			
	(iii) Installed treatment and disposal capacity of CBMWTF:	55.8 tonnes per day			
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	36.846 tonnes per day			
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	124149.00			
		Red Waste		63556.00	
		Yellow Waste		52943.00	
		Blue Waste		7515.00	
		White Waste		135.00	
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)	Nil			
	(ii) Details of the treatment or disposal facilities	Type of treatment equipment	No of units	Capacity Kg/ day	Quantity Treated or disposed in kg per annum
		Incinerators	Nil	Nil	
		Plasma Pyrolysis	Nil	Nil	
		Autoclaves	Nil	Nil	
		Microwave	Nil	Nil	
		Hydroclave	Nil	Nil	
		Shredder	Nil	Nil	
		Needle tip cutter or destroyer	Nil	Nil	
		Sharps (bottles) Encapsulation or concrete pit	Nil	Nil	
		Deep burial pits (Needle)	Nil	Nil	
		Chemical disinfection	Nil	Nil	
		Any other treatment equipment:	Nil	Nil	

	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. Red Category (like plastic, glass etc.)	Nil (Disposed through CBWTF, IMAGE, Palakkad)
	(iv) No of vehicles used for collection and transportation of biomedical waste	CBWTF , IMAGE Vehicle
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Through CBWTF, IMAGE, Palakkad
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	CBWTF, Indian Medical Association Goes Eco-friendly, Manthuruthi, Kanjikode West, Palakkad – 678623
	(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	
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management	
	(ii) number of personnel trained	
	(iii) number of personnel trained at the time of induction	
	(iv) number of personnel not undergone any training so far	
	(v) whether standard manual for training is available?	Yes. Trainers from CBWTF
-	(vi) any other information	
8	Details of the accident occurred during the year	
	(i) Number of Accidents	
-	(a) Number of the persons affected occurred	
	(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?	NA
_	How many times in last year could not met the standards?	NA
	Details of Continuous online emission monitoring systems installed	NA
10	Liquid waste generated and treatment methods in place.	Yes
	How many times you have not met the standards in a year?	

11	Is the disinfection method or sterilization meeting the log 4 standards?	Yes	
	How many times you have not met the standards in a year?		
12	Any other relevant information		
	(Air Pollution Control Devices attached with the	Through CBWTF IMAGE Quench Column , Venturri Scrubber, Droplet	
Cert	Incinerator) iffied that the above report is for the period from (Seperater, Packed Scrubber, Moiture Seperater	
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