

Ref: MIMS/KNR/PCB/2024/06-01

Date : 29-06-2024

To,

The Environmental Engineer,  
Kerala State Pollution Control Board - District Office  
6<sup>th</sup> floor Rubco House, South Bazar,  
Kannur, Kerala 670002.

Sir,

**Sub: Malabar Institute of Medical Sciences Ltd- Kannur: Annual Report – 2023**


With reference to the above consent, we are enclosing herewith the Annual Report pertaining to Malabar Institute of Medical Sciences Ltd., Chala East, Chala, Kerala 670 621 including the following forms for the year 2023 - 2024 for your record.

1. Form II (Annual Report – Rule 10)
2. Form 06 - (E-Waste Manifest)
3. Form 13 - (Annual Report – Rule 20 (5) – Waste Oil/Non Ferrous)
4. Form IV - (Annual Report – Rule 13 – Biomedical Waste Management)
5. Form 10 - (Manifest for Hazardous and Other Waste)

Thanking You,

Yours Truly,

For Malabar Institute of Medical Sciences Ltd.



(Dr. Anoop Nambiar)  
Chief Operating Officer

**Dr. Anoop Nambiar,**  
**Chief Operating Officer,**  
**Malabar Institute of Medical Sciences Ltd.**  
**Chala East, Chala, Kerala 670 621**

Copy to: The Member Secretary, Thiruvananthapuram

FORM – II  
[See rule 10]  
**ANNUAL REPORT**

1. Particulars of the applicant

- i. Name of the authorized person : Dr. Anoop Nambiar  
(occupier/operator) Chief Operating Officer
- ii. Name of the Institution : Malabar Institute of Medical Sciences Ltd.  
Address : Chala East, Chala, Kannur Kerala - 670621  
Tel No. : 0497 2838000  
Fax No :

2. Categories of waste generated and quantity  
on a monthly average basis

: List attached at **Annexure 1**

3. Brief details of the treatment facility

: STP available

4. Category wise quantity of waste treated

: Details attached at **Annexure 2**

5. Mode of Treatment with details

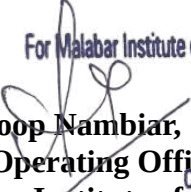
: Details attached at **Annexure 2**

6. Any other information

: Disposal of e-waste – Form 6 Attached.

Certified that the above report is for the period from 01-04-2023 to 31-03-2024

For Malabar Institute of Medical Sciences Ltd.

  
**Dr. Anoop Nambiar,**  
**Chief Operating Officer**  
(Dr. Anoop Nambiar)  
Chief Operating Officer  
**Malabar Institute of Medical Sciences Ltd.**  
**Chala East, Chala, Kerala 670 621**

Place : Kannur  
Date : 29-06-2024

## Malabar Institute of Medical Sciences Ltd. Chala East, Chala, Kerala 670 621

## QUANTITY OF BIO MEDICAL WASTE GENERATED ON A MONTHLY BASIS FROM 1st APRIL 2023 - 31st MARCH 2024

| CATEGORY       | TYPE OF WASTE   | APR – 2023                  | MAY – 2023 | JUN – 2023 | JUL – 2023 | AUG – 2023  | SEP – 2023 | OCT – 2023 | NOV – 2023 | DEC – 2023  | JAN – 2024  | FEB – 2024 | MAR – 2024 |
|----------------|---|-----------------------------|------------|------------|------------|---|------------|------------|------------|-------------|-------------|------------|------------|
| Yellow         | Expired or discarded medicines including cytotoxic  | 6800.9 kg                   | 7072.55 kg | 5891.2 kg  | 6185.2 kg  | 7169.7 kg   | 7217.2 kg  | 7405.5 kg  | 7207.5 kg  | 9676.316 kg | 10903.94 kg | 8888.29 kg | 8922.77 kg |
|                | Human anatomical waste  |                             |            |            |            |   |            |            |            |             |             |            |            |
|                | Soiled waste  |                             |            |            |            |   |            |            |            |             |             |            |            |
|                | Items contaminated with blood, body fluids like dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components |                             |            |            |            |   |            |            |            |             |             |            |            |
|                | Chemical waste (solid/liquid)   |                             |            |            |            |   |            |            |            |             |             |            |            |
| Red            | Microbiology, Biotechnology and other clinical laboratory waste   | 4260.8 kg                   | 4586 kg    | 3907.7 kg  | 3937.4 kg  | 4613.3 kg   | 4891 kg    | 4785.7 kg  | 4593.5 kg  | 5628.736 kg | 6673.066 kg | 5644.14 kg | 6121.36 kg |
|                | Discarded medicines tablets, Ointments & capsules (No bottles)  |                             |            |            |            |   |            |            |            |             |             |            |            |
|                | Contaminated plastic waste (Recyclable)   |                             |            |            |            |   |            |            |            |             |             |            |            |
|                | Tubing's, bottles, intravenous tubes, sets, catheters, urine bags   |                             |            |            |            |   |            |            |            |             |             |            |            |
|                | Syringes with out needles   |                             |            |            |            |   |            |            |            |             |             |            |            |
| White          | Vacutainers with their needles cut  | 226 kg                      | 284 kg     | 168 kg     | 174.5 kg   | 243.1 kg  | 281 kg     | 174.5 kg   | 208 kg     | 292.905 kg  | 147.7 kg    | 62.84 kg   | 87.29 kg   |
|                | Gloves  |                             |            |            |            |   |            |            |            |             |             |            |            |
| Blue           | Sharps waste including metals, needles, syringes with fixed needles from needles tip cutter or burner   | 291.3 kg                    | 340.5 kg   | 246 kg     | 268.7 kg   | 327.8 kg  | 285.1 kg   | 225.1 kg   | 281.8 kg   | 389.47 kg   | 887.93 kg   | 520.95 kg  | 705.85 kg  |
|                | Scalpels, blades or other contaminated sharp object that may cause puncture and cuts.   |                             |            |            |            |   |            |            |            |             |             |            |            |
|                | Glassware broken or discarded and contaminated  |                             |            |            |            |   |            |            |            |             |             |            |            |
|                | Metallic body implants  |                             |            |            |            |   |            |            |            |             |             |            |            |
| Waste Category | Method of storage   | Method of treatment         |            |            |            | Method of disposal  |            |            |            |             |             |            |            |
| Yellow         | Yellow plastic bag  | As per schedule I of        |            |            |            | Common facility owned   |            |            |            |             |             |            |            |
| Red            | Red plastic bag   | Biomedical waste management |            |            |            | by IMAGE  |            |            |            |             |             |            |            |
| White          | White puncture proof container  | (Amendment) Rules 2016      |            |            |            |   |            |            |            |             |             |            |            |
| Blue           | Blue puncture proof container   |                             |            |            |            |   |            |            |            |             |             |            |            |
| (Liquid)       | Collection tank   | Disinfection                |            |            |            | STP (Malabar Institute of Medical Sciences Ltd, Chala East, Chala, Kerala 670621) |            |            |            |             |             |            |            |

For Malabar Institute of Medical Sciences Ltd.



  
 (Dr. Anoop Nambiar)  
 Chief Operating Officer

Malabar Institute of Medical Sciences Ltd. Chala East, Chala, Kerala 670 621

## CATEGORY WISE QUANTITY OF BIO MEDICAL WASTE GENERATED FROM 1st APRIL 2023 - 31st MARCH 2024

| Category | Type of Waste   | Quantity     | Type of Bag/Container          | Treatment & Disposal Option                         |
|----------|---|--------------|--------------------------------|---|
| Yellow   | Expired or discarded medicines including cytotoxic drugs, items contaminated with cytotoxic drugs along with glass or plastic ampoules, vials etc   | 93341.066 kg | Yellow Plastic Bag &           | Common BMW Treatment Facility<br>Owned by M/s IMAGE |
|          | Human anatomical waste  |              | Yellow Plastic Container       |   |
|          | Soiled waste  |              |                                |   |
|          | Items contaminated with blood, body fluids like dressings, plaster casts, cotton swabs and bags containing residual or discarded blood and blood components                                 |              |                                |   |
|          | Chemical waste (solid/liquid)   |              |                                |   |
| Red      | Microbiology, Biotechnology and other clinical laboratory waste   | 59642.702 kg | Red Plastic Bag &              |   |
|          | Discarded medicines tablets, Ointments & capsules (No bottles)  |              | Red Plastic Container          |   |
|          | Contaminated plastic waste (Recyclable)   |              |                                |   |
|          | Tubing's, bottles, intravenous tubes, sets, catheters, urine bags   |              |                                |   |
| White    | Syringes with out needles   | 2349.835 kg  |                                |   |
|          | Vacutainers with their needles cut  |              |                                |   |
|          | Gloves  |              |                                |   |
| Blue     | Sharps waste including metals, needles, syringes with fixed needles from needles tip cutter or burner Scalpels, blades or other contaminated sharp object that may cause puncture and cuts. | 4770.5 kg    | White Puncture Proof Container |   |
|          | Glassware broken or discarded and contaminated glass including medicine vials and ampoules except those contaminated with cytotoxic wastes  |              | Blue Puncture Proof Container  |   |
|          | Metallic body implants  |              |                                |   |

For Malabar Institute of Medical Sciences Ltd.



(Dr. Anoop Nambiar)  
Chief Operating Officer

## Aster MIMS Kannur

### BIOMEDICAL WASTE MANAGEMENT COMMITTEE MEETING MINUTES

|                        |  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
|------------------------|--|------------------------|--------------------------------|---------------------|---------------------------|----------------|-----------------|---------------------|-------|-----------------|------------------------|-------------------|---------------------------------------|---------------------|-----------------------|--------------------|---------------------------|-------------|-----------------------------------|--------------------|-------------------------------------|----------------|------------------------------------|
| <b>Date &amp; Time</b> | <b>15.03.2024 AT 2:00 PM</b>   |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| <b>Venue</b>           | <b>Board Room</b>  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| <b>Agenda</b>          | <ol style="list-style-type: none"> <li>1. Review of BMW committee</li> <li>2. NABH Audit Review</li> <li>3. Protocol Revision</li> <li>4. Meeting conclusion</li> </ol>  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| <b>Chairperson</b>     | <b>Dr.Anju V Infection Control Officer</b>   |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| <b>Convener</b>        | <b>Ms. Bhagya Lakshmi T R– Infection Control Supervisor</b>  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| <b>BMW Members</b>     | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Dr. Supriya Renjith</td> <td style="width: 50%;">- Deputy CMS (Sr. Anesthetist)</td> </tr> <tr> <td>2. Dr.Anoop Nambiar</td> <td>- Chief Operating Officer</td> </tr> <tr> <td>3.Vivin George</td> <td>- DGM-Operation</td> </tr> <tr> <td>4.Mrs.Sheeban Soman</td> <td>- CNO</td> </tr> <tr> <td>5. Mrs.Muhasina</td> <td>- Asst Quality Manager</td> </tr> <tr> <td>6.Mr.Athul P Nair</td> <td>- Senior Manager Engineering&amp; Project</td> </tr> <tr> <td>7. Mr.Praveen kumar</td> <td>- Facility Supervisor</td> </tr> <tr> <td>8.Mrs.Melvi Mathew</td> <td>- Infection Control Nurse</td> </tr> <tr> <td>9. Mr.Rasif</td> <td>-Infection Control Link Nurse -ED</td> </tr> <tr> <td>10.MS.Filby Mathew</td> <td>- Infection control Link Nurse -ICU</td> </tr> <tr> <td>11.Mr.Abhishek</td> <td>- infection control Link Nurse-OPD</td> </tr> </table> | 1. Dr. Supriya Renjith | - Deputy CMS (Sr. Anesthetist) | 2. Dr.Anoop Nambiar | - Chief Operating Officer | 3.Vivin George | - DGM-Operation | 4.Mrs.Sheeban Soman | - CNO | 5. Mrs.Muhasina | - Asst Quality Manager | 6.Mr.Athul P Nair | - Senior Manager Engineering& Project | 7. Mr.Praveen kumar | - Facility Supervisor | 8.Mrs.Melvi Mathew | - Infection Control Nurse | 9. Mr.Rasif | -Infection Control Link Nurse -ED | 10.MS.Filby Mathew | - Infection control Link Nurse -ICU | 11.Mr.Abhishek | - infection control Link Nurse-OPD |
| 1. Dr. Supriya Renjith | - Deputy CMS (Sr. Anesthetist)   |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| 2. Dr.Anoop Nambiar    | - Chief Operating Officer  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| 3.Vivin George         | - DGM-Operation  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| 4.Mrs.Sheeban Soman    | - CNO  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| 5. Mrs.Muhasina        | - Asst Quality Manager   |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| 6.Mr.Athul P Nair      | - Senior Manager Engineering& Project  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| 7. Mr.Praveen kumar    | - Facility Supervisor  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| 8.Mrs.Melvi Mathew     | - Infection Control Nurse  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| 9. Mr.Rasif            | -Infection Control Link Nurse -ED  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| 10.MS.Filby Mathew     | - Infection control Link Nurse -ICU  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| 11.Mr.Abhishek         | - infection control Link Nurse-OPD   |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |
| <b>Attendees</b>       |  |                        |                                |                     |                           |                |                 |                     |       |                 |                        |                   |                                       |                     |                       |                    |                           |             |                                   |                    |                                     |                |                                    |

|                         |   |
|-------------------------|---|
|                         | 1.Dr.Anoop Sir - Chief Operating Officer<br>2.Dr. Supriya Renjith - Deputy CMS (Sr. Anesthetist)<br>3.Ms. Bhagyalakshmi T R - Infection Control Supervisor<br>4.Ms. Melvi Mathew - Infection Control Nurse<br>5.Mr. Praveen - Supervisor facility & Housekeeping<br>6.Ms.Filby Mathew - Infection Control Link Nurse<br>7.Mrs.Sheeba Soman - CNO<br>8.Mrs.Muhasina - Asst Manger Quality<br>9.Mr. Shesh - Senior Engineer<br>10.Vishak K - H K SUPERVISOR |
| <b>Apologies</b>        | Nil   |
| <b>Quorum Present</b>   | YES   |
| <b>Special Invitees</b> | NONE  |

#### Agenda-1 – Review of BMW committee

- As per NABH requirements, we have resolved to establish a new committee called BMW (Biomedical Waste Management ) committee.This committee will convene monthly following the HICC meeting.

#### Agenda-2 –NABH Audit Review

ICS presented the BMW surveillance data March 2024 .

- BMW Surveillance compliance in the month of February : 96 %
- The committee decided to revise the benchmark up to 100 .

### Agenda-3-Protocol Revision

- All Blue bins will be substituted by Puncture proof large containers to dispose vials and ampules due to a concern of safety of transporters .

**Deadline: 30/3/2024**

**Prepared by**

Name and Signature of the Committee Convenor:

Ms. Bhagyalakshmi T R



**Approved by**

Name and Signature of the Committee Chairman:

Dr. Anju v



For Malabar Institute of Medical Sciences Ltd.

(Dr. Anoop Nambiar)  
Chief Operating Officer

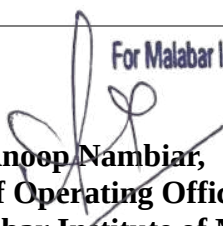
FORM – 13  
[See rule 20 (5)]

**Form for filling Returns of Auction/Sale of Non-Ferrous Metal Wastes/Used Oil/Waste Oil**

(To be submitted by waste generators/auctioneers to the concerned State Pollution Control Board/Committee by 31<sup>st</sup> January of every year)

|   |   |      |   |
|---|---|------|---|
| 1 | Name and address of the waste generator/auctioneer        | :    | Malabar Institute of Medical Sciences Ltd.<br>Chala East, Chala, Kerala 670 621.  |
| 2 | Total quantity of wastes auctioned/sold during the period | (i)  | Non – ferrous Metal wastes [indicates type and quantity 6 in metric tons along with the name(s) address(s) of registered recycler(s) re-refiner(s)]:<br><br>-NA-  |
|   |   | (ii) | Used oil/waste oil [indicated type and quantity in metric tons along with the names(s) address(s) of registered recycler(s) re-refiners(s)]<br><b>(Last year not sold out, less quantity)</b><br><br>Used oil 200 Ltrs<br><br>M/s Cee Jee Lubricants,<br>Edayar, Aluva, Kerala<br>6835502 |

For Malabar Institute of Medical Sciences Ltd.

  
**Dr. Anoop Nambiar,**  
**Chief Operating Officer,** (Dr. Anoop Nambiar)  
**Malabar Institute of Medical Sciences Ltd.** Chief Operating Officer  
**Chala East, Chala, Kerala 670 621**

Place : Kannur  
Date : 29-06-2024



## FORM 10 [See Rule 19 (1)]

**MANIFEST FOR HAZARDOUS AND OTHER WASTE**

|    |   |  |
|----|---|--|
| 1  | Sender's name and mailing address<br>(including Phone No. and e-mail) :   | Malabar Institute of Medical Sciences Ltd.<br>Chala East, Chala, Kerala 670 621<br>0497 283 8000<br><a href="mailto:mims.kannur@asterhospital.com">mims.kannur@asterhospital.com</a>   |
| 2  | Sender's authorisation No. :  |  |
| 3  | Manifest Document No. :   |  |
| 4  | Transporter's Name & Address<br>(including Phone No. and e-mail) :  | M/s Cee Jee Lubricants,<br>Edayar, Aluva, Kerala<br>6835502  |
| 5  | Type of Vehicle :   |  |
| 6  | Transporter's Registration No. :  |  |
| 7  | Vehicle Registration No. :  |  |
| 8  | Receiver's name and mailing address<br>(including Phone No. and e-mail) :   |  |
| 9  | Receiver's authorisation No. :  |  |
| 10 | Waste description :   |  |
| 11 | Total Quantity :<br>No. of containers :   |  |
| 12 | Physical Form :   |  |
| 13 | Special handling instructions and additional information  |  |
| 14 | Sender's Certificate  | I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are categorised, packed marked and labelled and are in all respects in proper conditions for transport by road according to applicable national government regulations. |
|    | Name and Stamp:                      Signature:   | Month      Day                      Year<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
| 15 | Transporter's acknowledgement of receipt of Waste<br>Name and Stamp:                      Signature:                  | Month      Day                      Year<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
| 16 | Receiver's certification for receipt of hazardous and other wastes<br>Name and Stamp:                      Signature: | Month      Day                      Year<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |

Copy 1 (White) - To be forwarded by the sender to the State Pollution Control Board after signing all the seven copies

Copy 2 (Yellow) - To be retained by the sender after taking signature on it from the transporter and the rest of the five signed copies to be carried by the transporter

Copy 3 (Pink) - To be retained by the receiver (actual user or treatment storage and disposal facility operator) after receiving the waste and the remaining four copies are to be duly signed by the receiver.

Copy 4 (Orange) To be handed over to the Transporter by the receiver after accepting waste.

Copy 5 (Green) To be sent by the receiver to the State Pollution Control Board.

Copy 6 (Blue) - To be sent by the receiver to the sender.

Copy 7 (Grey) - To be sent by the receiver to the State Pollution Control Board of the sender in case the sender is in another State

**FORM IV**  
**(See Rule 13)**

**ANNUAL REPORT**

| Sl     | Particulars   |   |   |
|--------|---|---|---|
| 1      | Particulars of the occupier   |   |   |
| (i)    | Name of the authorized person (occupier or operator of facility)  | : | Dr. Anoop Nambiar   |
| (ii)   | Name of HCF or CBMWTF   | : | M/s Malabar Institute of Medical Sciences Ltd.  |
| (iii)  | Address for Correspondence  | : | Chala East, Chala, Kannur - 670621  |
| (iv)   | Address of Facility   | : | Chala East, Chala, Kannur - 670621  |
| (v)    | Tele.No.  | : | 0497 283 8000   |
|        | Fax.No.   | : | -   |
| (vi)   | E-mail ID   | : | <a href="mailto:mims.kannur@asterhospital.com">mims.kannur@asterhospital.com</a>  |
| (vii)  | URL of website  | : | <a href="https://www.asterhospitals.in/hospitals/aster-mims-kannur">https://www.asterhospitals.in/hospitals/aster-mims-kannur</a>   |
| (viii) | GPS coordinates of HCF or CBMWTF  | : | -   |
| (ix)   | Ownership of HCF or CBMWTF  | : | Limited Company   |
| (x)    | Status if Authorization under the Bio - Medical Waster (Management and Handling) Rules  | : | Authorization No: IMAGE/ANC/88537/2023-2024<br>Valid up to 31/03/2024   |
| (xi)   | Status of Consents under Water Act and Air Act  | : | Authorization No: KSPCB/KN/ICO/10045831/2024<br>Valid up to 30/11/2028  |
| 2      | Type of Health Care Facility  | : | -   |
| (i)    | Bedded Hospital   | : | No. of beds : 287   |
| (ii)   | Non-bedded Hospital (Clinical or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | NA  |
| (iii)  | License number and its date of expiry   | : | Authorization No: KSPCB/KN/ICO/10045831/2024<br>Valid up to 30/11/2028<br><br>373/2023-2024/JC3/5660/23 –<br>Valid up to 31-03-2024 |
| 3      | Details of CBMWTF   | : | M/s IMAGE - Palakkad  |
| (i)    | Number health care facilities covered by CBMWTF   | : | 19176   |
| (ii)   | No. of beds covered by CBMWTF   | : | 104922  |
| (iii)  | Installed treatment and disposal capacity of CBMWTF   |   | 55.8 Tons/day   |
| (iv)   | Quantity of biomedical waste treated or disposed by CBMWTF  |   | 51.79 Tons/day  |

|       |   |                    |  |
|-------|---|--------------------|--|
| 4     | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)                                |                    | Yellow Category : 93341.066 kg<br>Red Category : 59642.702 kg<br>White Category : 2349.835 kg<br>Blue Category : 4770.5 kg |
| 5     | Details of the storage, treatment, transportation, processing and Disposal Facility                               |                    |  |
| (i)   | Details of the on-site storage facility   |                    | Size : 1270 Sqft.<br>Capacity : -  |
| (ii)  | Details of the treatment or Disposal facilities   |                    |  |
|       | Type of Treatment equipment   | No. of units       | Capacity Kg/Day  |
|       | Incinerators  | -                  |  |
|       | Plasma Pyrolysis  | -                  |  |
|       | Autoclave   | -                  |  |
|       | Microwave   | -                  |  |
|       | Hydro Clave   | -                  |  |
|       | Shredder  | -                  |  |
|       | Needle tip cutter or destroyer  | -                  |  |
|       | Sharpeners 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.)<br>59642.702 kgs   |
| (iv)  | No of vehicles used for collection and transportation of bio-medical waste.                                       | :                  | One vehicle from IMAGE each day.   |
| (v)   | Details of incarceration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | :                  | Ash : Nil.<br>ETP Sludge : 31570 kg (Screw Press)  |
|       | Incineration  | Quantity Generated | Where disposed   |
|       | Ash   |                    |  |
|       | TP Sludge   |                    |  |
| (vi)  | Name of the common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of             | :                  | M/s IMAGE, BMW   |
| (vii) | List of member HCF not handed over bio-medical waste.   | :                  | -  |
| 6     | Do you have bio-medical waste management committee? If yes, attach  | :                  | Yes.   |

|       |  |   |   |
|-------|--|---|---|
|       | minutes of the meetings held during the reporting period.  |   | Copy of latest minutes of meeting attached as Annexure. |
| 7     | Details training conducted on BMW  | : | Weekly, Monthly, Orientation on during induction        |
| (i)   | Number of training conducted on BMW Management   | : | 20  |
| (ii)  | Number of personnel trained  | : | 600   |
| (iii) | Number of personnel trained at the time of induction   | : | 600   |
| (iv)  | Number of personnel not under gone any training so far   | : | Nil. Induction is Compulsory                            |
| (v)   | Whether standard manual for training is available?   | : | Yes<br>Power Point Presentation                         |
| (vi)  | Any other information  | : | Conducting written exam                                 |
| 8     | Details of the accident occurred during the year   | : | -   |
| (i)   | No. 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?                    | : | Yes. Waste Water treatment plant (MBBR)                 |
| 11    | Is the disinfection method or sterilization meeting the long 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> April 2023 to 31<sup>st</sup> March 2024.

**Dr. Anoop Nambiar,**  
**Chief Operating Officer,**  
**Malabar Institute of Medical Sciences Ltd.**  
**Chala East, Chala, Kerala 670 621**

For Malabar Institute of Medical Sciences Ltd.

(Dr. Anoop Nambiar)  
Chief Operating Officer

Place : Kannur  
Date : 29-06-2024

FORM 6  
[See Rule 19]

**E-WASTE MANIFEST**

|   |   |  |       |   |      |   |  |   |  |   |  |
|---|---|--|-------|---|------|---|--|---|--|---|--|
| 1   | Sender's name and mailing address<br>(including Phone No.) :  | Malabar Institute of Medical Sciences Ltd.<br>Chala East, Chala, Kerala 670 621<br>0497 283 8000   |       |   |      |   |  |   |  |   |  |
| 2   | Sender's authorisation No. If applicable :  |  |       |   |      |   |  |   |  |   |  |
| 3   | Manifest Document No. :   |  |       |   |      |   |  |   |  |   |  |
| 4   | Transporter's Name & Address<br>(including Phone No.) :   |  |       |   |      |   |  |   |  |   |  |
| 5   | Type of Vehicle :   | (Truck or Tanker or Special Vehicle)   |       |   |      |   |  |   |  |   |  |
| 6   | Transporter's Registration No. :  |  |       |   |      |   |  |   |  |   |  |
| 7   | Vehicle Registration No. :  |  |       |   |      |   |  |   |  |   |  |
| 8   | Receiver's name & Address :   | M/s Green Worms Waster Management Private Ltd.   |       |   |      |   |  |   |  |   |  |
| 9   | Receiver's authorisation No., if Applicable :   |  |       |   |      |   |  |   |  |   |  |
| 10  | Description of E Waste (Item, Weight / Numbers)<br>:  |  |       |   |      |   |  |   |  |   |  |
| 11  | Name and stamp of sender, Manufacturer or Producer or Bulk Consumer or Collection Center or Re furbisher or Dismantler<br>Signature:          | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> </td> </tr> </table> | Month | Day   | Year | <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> |  | <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> |  | <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> |  |
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|   |   |  |       |   |      |   |  |   |  |   |  |
|   |   |  |       |   |      |   |  |   |  |   |  |
| 12  | Transporter's acknowledgement of receipt of E-Waste<br>Name and stamp:<br>Signature:  | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> </td> </tr> </table> | Month | Day   | Year | <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> |  | <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> |  | <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> |  |
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|   |   |  |       |   |      |   |  |   |  |   |  |
|   |   |  |       |   |      |   |  |   |  |   |  |
| 13  | Receiver* (Collection Center or Re furbisher or Dismantler or Recycler) Certification of receipt of E-Waster<br>Name and Stamp:<br>Signature: | <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> </td> </tr> </table> | Month | Day   | Year | <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> |  | <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> |  | <table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td> </td></tr> </table> |  |
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|   |   |  |       |   |      |   |  |   |  |   |  |
|   |   |  |       |   |      |   |  |   |  |   |  |

Note:-

\*As Applicable

| Copy Number with Colour Code (1) | Purpose (2)   |
|----------------------------------|---|
| Copy 1 (Yellow)                  | To be retained by the sender after taking signature on it from the transporter and other three copies will be carried by transporter. |
| Copy 2 (Pink)                    | To be retained the receiver after signature of the transporter.   |
| Copy 3 (Orange)                  | To be retained by the transporter after taking signature of the receiver.   |
| Copy 4 (Green)                   | To be returned by the receiver with his/her signature to the sender.  |