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			
1.	Particulars of the Occupier			
	(i) Name of the authorised person (occupier or operator of facility)	:	Pramila Sharma	

	(ii) Name of HCF or CBMWTF		:	J.K.Medical Waste Management System		
	(iii) Address for Correspondence			55/05 Village-Godhan Teh-Chanderi District – Ashoknagar (M.P.)		
	(iv) Address of Facility			55/05 Village-Godhan Teh-Chanderi District – Ashoknagar (M.P.)		
	(v)Tel. No, Fax. No					
	(vi) E-mail ID			Jkmedical6@gmail.com		
	(vii) URL of Website			www.jkmedicalwaste.com		
	(viii) GPS coordinates of HCF or CBMWTF			Site is located at Lat- 2449' 28.85"N, Long-78°08'01.49"E		
	(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.: 1256178 valid up to 31-01-2028		
	(xi). Status of Consents under Water Act and Air Act			Valid up to: 31-01-2028		
2.	Type of Health Care Facility					
	(i) Bedded Hospital			130 No. of Beds: 5004		
	(ii) Non-bedded hospital		:	143		
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)					
	(iii) License number and its date of expiry			License number-111054 date of expiry 31-01-2028		
3.	Details of CBMWTF					
	(i) Number healthcare facilities covered by CBMWTF			273		
	(ii) No of beds covered by CBMWTF			5004		
	(iii) Installed treatment and disposal capacity of CBMWTF:			100 Kg per hour		
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF			506.193 Kg/day		
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)			Yellow Category :14145.825		
				Red Category :597.614		
				White:37.782		
				Blue Category :615.489		
				General Solid waste:		
5	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage : Size Capacit					
				ty:		
		Provision of on-site storage : (cold storage or any other provision)				

disposal facilities	Type of treatment equipment	No Of Uni ts	Capacity kg/day	Quantity Treatedor disposed in kg per annum
	Incinerators	01	100kg/day	169749.9
	Plasma Pyrolysis	-		
	Autoclaves	01	430KLD	7385.870
	Microwave	-		
	Hydroclave	-		
	Shredder	01	50kg/hour	7171.370
N. Carlotte and the second sec	Needle tip cutter or destroyer	01	50kg/day	453.390
	Sharps	01		
	encapsulation or -concrete pit	01		
	Deep burial pits	-		
	Chemical No	No		
	Disinfection	Yes		
	Any other treatment equipment	-		
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. (iv) No of vehicles used for collectionand transportation of biomedical waste	1.M/s Sagar Traders 2. M/s Haryana Plast	lastic, glass etc.) 7171.370 Saket Nagar Kanpur ic Solutions Sonipat ass Industries Firozabad		
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of			ntity erated	Where dispose d
wastes in Kg per annum	Incineration	1697	749.9kg	Ramky Enviro
	Ash	1688	3.200 kg	Engin eers
	ETP Sludge	159.	820 kg	Limited Pitham pur Indore

İ	(vi) Nome of the Company	Γ.	n n 1 1
	(vi) Name of the Common Bio-	:	Beer Bahadur
	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		
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on		10
	BMW Management.		
	(ii) number of personnel trained		30
	(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?		
	(vi) any other information)		
8	Details of the accident occurred		
	during the year		
	(i) Number of Accidents occurred		No
	(ii) Number of the persons affected		No
	(iii) Remedial Action taken (Please		No
	attach details if any)		140
	(iv) Any Fatality occurred, details.		No
0			
9.	Are you meeting the standards of air Pollution from the incinerator? How		Yes
	many times in last year could not met		
	the standards?		
	Details of Continuous online emission		Yes
10	monitoring systems installed		
10	Liquid waste generated and treatment	E AN	5 KLD ETP
	methods in place. How many timesyou		
	have not met the standards in a		
	year?		
11	Is the disinfection method or		Yes
	sterilization meeting the log 4		
Part	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)

Certific	ed that the above report is for the	e period from		
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	***************************************		400	
			1111111	

AMIT RICHHARITA Waste
Name and Signature of the Head of the This titution
Regd. - 01/01/01/0494/15

Date: 21.06.2023

Place

FORM-V