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 biomedical waste treatment facility (CBWTF)]

SI.No	Particulars		- A		
1.	Particulars of the Occupier	:			
	(i) Name of the authorized person (occupier or operator of facility)	:	DR ANIRUDDA RH CENTER HEAD		
	(ii) Name of HCF or CBMWTF	:	INDIRA IVF HOSPITAL PVT. LTD.		
	(iii) Address for Correspondence	:	NO 185 WAHAB TOWERS INFANTRY ROAD CANTONMENT WARD NO 30 BALLARI- 583104		
	(i) Address of Facility		NO 185 WAHAB TOWERS INFANTRY ROAD CANTONMENT WARD NO 30 BALLARI- 583104		
	(ii) Tel. No./ Fax. No.	:	+91-9148319624		
	(V) E-mail ID	:	Centerhead.ballari@indiraivf.in		
	(i) URL of Website		www.indiraivf.com		
	(ii) GPS coordinates of HCF of CBMWTF		CBMWTF		
	(iii) Ownership of HCF of CBMWTF		Private		
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.	:	Approved KSPCB/EO (BLY) / 2022-23/827		
	(v) Status of Consents under Water Act and Air Act.	:	- · ·		
2.	Type of Health Care Facility	:			
	(i) Bedded Hospital	:	No. of Beds 8		
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		N/A		
	(iii) License number and its date of expiry.	•	KSPCB/EO (BLY) / 2022-23/827 Valid - Life Time		
3.	Details if CBMWTF				
	(i) Number healthcare facilities covered by CBMWTF	:	NA		
	(ii) No. of beds covered by CBMWTF	:	NA		
	(iii) Installed treatment and disposal capacity of CBMWTF	:	NA		
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF		NA		
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		Yellow category:19.64Kg/Month		
			Red Category:19.75 Kg/Month		
			White: 2.15 Kg/Month		
			Blue Category: 16.46Kg/Month		
			General Solid waste -		

	Details of the on-site storage		n, processing and Disposal Facility Size: 15 Ltrs Dustbins of different colors for				
(1)	facility		storage				
			Capacity: Provision of on-site storage: We have Biomedical waste store area & BMW Stored color coded closed containers				
(ii)	Disposal Facilities	:	Type of Treatment	No. of Units	Capacity Kg/Day	Quantity Treated OR Disposed Ir Kg/Annum	
			Incinerators				
			asma Paralysis				
			Autoclaves				
			Microwave				
			Hydroclave				
			Shredder				
MANAGE TO THE PROPERTY OF THE			Needle tip cutter or destroyer				
			Sharps encapsulation or concrete pit				
			Deep Burial pits:				
			Chemical disinfection:				
		1,000	Any other treatment equipment:				
(iii	i) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	÷	NA				
(iv	(iv) No of vehicles used for collection	:	M/S SURYAKANTH ENVIRONMENTA				
	and transportation of biomedical waste.		TECHNOLOGIES				
(v)	ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		N/A				
(v	 Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of 	:	M/S SURYAKANTH ENVIRONMENT. TECHNOLOGIES				

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	(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.		We don't have a bio-medical waste management committee. However, our Floor Coordinator is giving training to Housekeeping and Clinical staffs regarding BMW management and handling. Moreover, he also looks after the proper storage of BMW in color coded bags and its handover to the CBMWTF for its disposal.
7.	Detail training conducted on BMW		
	(i) Number of training conducted on BMW Management.		Training is conducted on quarterly basis
	(ii) Number of personnel trained		18
•	(iii) Number of personnel trained at the time of induction		18
	(iv) Number of personnel not undergone any training so far.		NO
	(v) Whether standard manual for training is available?		Yes
	(vi) Any other information)		No
8.	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		Not Any
	(ii) Number of the persons affected		N/A
	(iii) Remedial Action taken (Please attach details if any)		N/A
	(iv) Any Fatality occurred, details.		N/A
9.	Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?		YES
	Details of Continuous online emission monitoring systems installed		N/A
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		YES
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		YES
12.	Any other relevant information		NIL

Name and Signature of the Head of the Institution

Date: 15-06-2024 Place: Ballari -583104



INDIRA IVF HOSPITAL PVT. LTD

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