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. | Particulars | 1 | |
|-----|--|---|--|
| No. | | | 1 20 2 |
| ١. | Particulars of the Occupier | : | |
| | (i) Name of the authorised person (occupier or | : | Dr. C. Mohan Kumar |
| | operator of facility) | | District Surgeon, AMG Prajual BMW Management System, |
| | (ii) Name of HCF or CBMWTF | : | Prajaval RMW Management System |
| | (iii) Address for Correspondence | : | H. N. Pusa Road, Haman |
| | (iv) Address of Facility | | ARALAGUPPE MALLEGOWDA, DISTRICT HOSPITAL, CHIKKOM |
| | (v)Tel. No, Fax. No | : | 9448885085 |
| | (vi) E-mail ID | : | dschikmagalur@gmail.com |
| | (vii) URL of Website | | - |
| | (viii) GPS coordinates of HCF or CBMWTF | | - |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) |
| | (x). Status of Authorisation under the Bio-Medical | : | Authorisation No.: |
| | Waste (Management and Handling) Rules | | PCB/21/BMW/2020-21/2078 9-8-2021. valid up to 30-6-24 |
| | (xi). Status of Consents under Water Act and Air | : | Valid up to: AW 324845 |
| | Act | | water - 3016 12024, Aist -24/3 1202 |
| 2. | Type of Health Care Facility | : | Distort Hospital |
| | (i) Bedded Hospital | • | No. of Beds:. 400 |
| | (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 | : | M 74 |
| | (ii) No of beds covered by CBMWTF | : | |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | 185 Kg per day |

| | (iv) Quantity of biomedical waste treat | ed or | disposed : Kg/day | | | | |
|-----|--|--------|--|--|--|--|--|
| 4. | by CBMWTF Quantity of waste generated or dispo annum (on monthly average basis) | sed in | Red Category: 12,000 kg White: 1700kg Blue Category: 8600 kg | | | | |
| 5 | Dataila of the Communication | | General Solid waste: 1, 20, 000 | | | | |
| 3 | Details of the Storage, treatment, transportation, processing and Disposal Facility (i) Details of the on-site storage: Size: 26 x 1.2 x 8 leek (1 x 8 x H) | | | | | | |
| | facility on-site storage | | Size : 26 x 12 x 8 feet (L xBx H) | | | | |
| | | | Capacity: 2496 cubic fut | | | | |
| | | | Provision of on-site storage : (cold storage | | | | |
| | (ii) Dataila of the | : | any other provision) | | | | |
| | (ii) Details of the treatment or disposal facilities | | Type of treatment No Cap Quantity | | | | |
| | disposar facilities | | equipment of acit treatedo | | | | |
| | | | unit y r | | | | |
| | | | s Kg/ disposed day in kg | | | | |
| | | | per | | | | |
| | | | annum | | | | |
| | | | Incinerators - NO | | | | |
| | | | Plasma Pyrolysis – NO | | | | |
| | | | Autoclaves | | | | |
| | | | Microwave - 4 | | | | |
| | | | Hydroclave | | | | |
| | | | Shredder | | | | |
| | 1 | | Needle tip cutter or | | | | |
| | | | destroyer | | | | |
| | | | Sharps | | | | |
| | | | encapsulation or - | | | | |
| | | | concrete pit | | | | |
| | | | Deep burial pits: | | | | |
| | | | Chemical | | | | |
| | | | disinfection: | | | | |
| | | | Any other treatment | | | | |
| H | (iii) Quantity of manualship wastes | | equipment: | | | | |
| - 1 | (iii) Quantity of recyclable wastes sold to authorized recyclers after | : | Red Category (like plastic, glass etc.) | | | | |
| - 1 | treatment in kg per annum. | | No | | | | |
| | (iv) No of vehicles used for collection | | | | | | |
| | and transportation of biomedical | | 113 | | | | |
| | waste | | №0 | | | | |
| | (v) Details of incineration ash and | | Quantity Where | | | | |
| 1 ` | ETP sludge generated and disposed | | generated disposed | | | | |

| | during the treatment of wastes in Kg | Incineration |
|------------|---------------------------------------|--|
| | per annum | Ash |
| | | ETP Sludge |
| 1. | (vi) Name of the Common Bio- : | M/c D |
| | Medical Waste Treatment Facility | 115. Majoral BMW Management |
| | Operator through which wastes are | System, Hassan (A unit of |
| | disposed of | MIS. Prajeval BMW Management System, Hassan (A unit of V.V. Incin Solution Pvt Ltd.) |
| | (vii) List of member HCF not handed | =112111 800001011 1 47 21 32 |
| | over bio-medical waste. | _ |
| 6 | Do you have bio-medical waste | - Andrew Amerika |
| | management committee? If yes, attach | |
| | minutes of the meetings held during | Yes |
| | the reporting period | 等 名。 |
| 7 | Details trainings conducted on BMW | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | (i) Number of trainings conducted on | Yes |
| | BMW Management. | |
| | (ii) number of personnel trained | Twice |
| | (iii) number of personnel trained at | 140 |
| | the time of induction | |
| | (iv) number of | |
| | undergone any training so far | |
| | (v) whether standard manual for | |
| | training is available? | Yes |
| | (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 | |
| <i>-</i> - | 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 | In Man book C |
| | methods in place. How many times | 2 Years back - 4 units supposed |
| • | you have not met the standards in a | 2 1000 back - 4 Units supposed |
| | year? | 20191 - 6 unith replaced. |
| 11 | Is the disinfection method or | |
| ., | sterilization meeting the log 4 | |
| | meeting the log 4 | 1 1 |

| 12 | standards? How many times you have not met the standards in a year? Any other relevant information | : | (Air Pollution Control Devices attached with the Incinerator) | |
|----|---|---|---|--|
|----|---|---|---|--|

| Certified that the above report is for the period fi | rom |
|--|---|
| January 2022 | to December 2022 |
| | Name and Signature of the Head of the Institution |

Date: 3-6-2023
Place - Chikkamagoliva



ಜಿಲ್ಲಾ ಪಂಚಾಯಿತಿ, ಚಿಕ್ಕಮಗಳೂರು

ಅರಳಗುಪ್ಪ ಮಲ್ಲೇಗೌಡ ಜಿಲ್ಲಾ ಅಸ್ಪತ್ರ, ಚಿಕ್ಕಮಗಳೂರು.

ಫ್ಯಾಕ್ಸ್ ಮತ್ತು ದೂರವಾಣಿ ಸಂ: 08262-235213 / 231163ಇ-ಒಚಟ: ಚ್ರಭಿಸ್ಟ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಟ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಕ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಕ್ ಚಿಕ್ಕಿಸ್ಟ್ ಚಿಕ್ಕ್ ಚಿಕ್ಟ್ ಚಿಕ್ಕ್ ಚಿಕ್ಕ್ ಚಿಕ್ಕ್ ಚಿಕ್ಕ್ ಚಿಕ್ಕ್ ಚಿಕ್ಕ್ ಚಿಕ್ಕ್ ಚಿಕ

ಸಂ:ಜಿ.ಆ.ಕು.ಕ.ಜಿ.ಗು.ಖಾ.ಘ /2/2023-2024

ದಿನಾಂಕ: 01-6-2023

BIOMEDICAL WASTE MANAGEMENT COMMITTEE COMMITTEE MEMBER

| <u>SL.NO</u> | NAME | DESIGNATION | MEMBER |
|--------------|------------------|---------------------------|----------------|
| 1 | Dr.Mohan Kumar C | District Surgeon | Chair Person |
| 2 | Dr.Shivaraj BM | Assistant Professor ,CIMS | Nodal Incharge |
| 3 | Dr Lohith HM | Gynecologist | Member |
| 4 | Dr Muralidar | Blood Bank Incharge | Member |
| 5 | Dr Afroz Ahamed | Pathologist | Member |
| 6 | Dr Srinivas | Quality coordinator | Member |
| 7 | Ms Annamma A K | Nursing superintendent | Member |
| 8 | Dr Gagana V | DHQM | Member |

District Surgeon

AMG District Hospital Chikkamagaluru