

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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	AVTEC LTD.
	(i) Name of the authorised person (occupier or operator of facility)	:	DR. H. R. GURESHI MALWA HOSPITAL. MHOW
	(ii) Name of HCF or CBMWTF	:	HOSWIN INCINERATORS INDORE
	(iii) Address for Correspondence	:	MALWA HOSPITAL, ABDUL GAFFAR ROAD, MHOW (M.P.)
	(iv) Address of Facility	:	-
	(v) Tel. No, Fax. No	:	07324 - 273924
	(vi) E-mail ID	:	-
	(vii) URL of Website	:	-
	(viii) GPS coordinates of HCF or CBMWTF	:	HOSWIN INCINERATORS INDORE
	(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.:valid up to
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: -
	2.	Type of Health Care Facility	:
	(i) Bedded Hospital	:	No. of Beds:.....NIL
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	-
3.	Details of CBMWTF	:	-
	(i) Number healthcare facilities covered by CBMWTF	:	EMERGENCY ACCIDENTAL AND GENERAL FIRST-AID CENTRE
	(ii) No of beds covered by CBMWTF	:	NIL
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	- Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	_____ Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category : 135 1/2 grams																																																
		Red Category : NIL																																																
		White: 408 grams																																																
		Blue Category : 27 grams																																																
		General Solid waste: NIL																																																
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) -																																																
disposal facilities		<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Needle tip cutter or destroyer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				<input checked="" type="checkbox"/> Autoclaves				Microwave				Hydroclave				<input checked="" type="checkbox"/> Shredder				<input checked="" type="checkbox"/> Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				<input checked="" type="checkbox"/> Chemical disinfection:				Any other treatment equipment:			
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(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. :	Red Category (like plastic, glass etc.)	NIL																																																
(iv) No of vehicles used for collection and transportation of biomedical waste :		1																																																

	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Quantity generated	Where disposed
		Incineration NA Ash NA ETP Sludge NA	
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	NA	
	(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	NA	
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.	1	
	(ii) number of personnel trained	3	
	(iii) number of personnel trained at the time of induction	.	
	(iv) number of personnel not undergone any training so far	NA	
	(v) whether standard manual for training is available?	-	
	(vi) any other information)	NIL	
8	Details of the accident occurred during the year	-	
	(i) Number of Accidents occurred	1	
	(ii) Number of the persons affected	1	
	(iii) Remedial Action taken (Please attach details if any)	Only First-AID Treatment given	
	(iv) Any Fatality occurred, details.	NIL	
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?	NIL	

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	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

January - 2017 TO DECEMBER - 2017
 BIO-MEDICAL WASTE AVTEC LTD - FIRST-AID CENTRE
 P.O.P. PITHAMPUR (M.P.)

Name and Signature of the Head of the Institution

Date: 02/01/2018
 Place Sec. 3, Sagorkuthi
 Pithampur (M.P.)

(Signature)
 Dr. H.R. QURESHI MBBS
 FRSH (LONDON)
 Reg. No. 4721
 GMC. No. 2455388
 MCI. No. 14356