


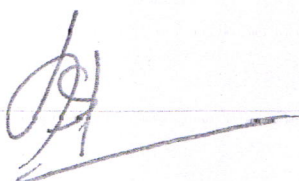
Form - IV
(See rule 13)
ANNUAL REPORT

[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	:
	(i) Name of the authorised person(occupier or operator of facility)	: Medical Superintendent GMCH Jammu
	(ii) Name of HCF	: Bakshi Nagar Jammu
	(iii) Address for Correspondance	Tel. 0191-2584226
	(iv) Address of facility	
	(v) Tel. No., Fax. No.	0191-2585542
	(vi) E-mail ID	Medicalsuperintendentgmchj@gmail.com
	(vii) URL of Website	Gmcjammu.nic.in
	(iii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	State Government
	(x) Status of Authorisation under the Bio-Medical Waste(Management and Handling) Rules	Authorisation No.:.....valid upto..... Pending
	(xi) Status of Consents under Water Act and Air Act	Valid up to: Applied for
2.	Type of Health Care Facility	
	(i) Bedded Hospital	No. of beds....1067
	(ii) Non- bedded Hospital (Clinic or Blood Bank or Clinical Labortary or Research Institute or Veterinary Hospital or any other)	N.A.
	(iii) License number and its date of Expiry	
3.	Details of CBMWTF	
	(i) Number health care facilities covered by CBMWTF	
	(ii) No. of beds covered by CBMWTF	1067No
	(iii) Installed treatment and disposal capacity of CBMWTF:	_____ Kg per day
	(iv) Quantity of Biomedical Waste treated or disposed by CBMWTF	_____ Kg per day
4.	Quantity of waste generated or disposed in Kg per annum(on monthly average basis)	Yellow Category: 21039kg/year Red Category: 20813kg/yr. White: 339 kg/yr. Blue Category: 12620kg/yr. General Solid Waste: 674169kg/yr.
5.	Details of the Storage, Treatment , Transportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility	Size: 15'x10'C for in..(B.M. Waste) Capacity: Provision of on-site storage: (cold storage or any other provision)



(ii) Details of the treatment or disposal facilities	Type of treatment Equipment	No. of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
	Incinerators Plasma Pyrolysis Autoclaves Microwaves Hydroclave Shredder Needle tip cutter or destroyer Sharps Encapsulations or concrete pit Deep burial pits: Chemical disinfection Any other treatment equipment:	M/S Anmol Health care Pvt. Ltd. Swankha Morh Rakah Rara Samba Jammu & Kashmir anmolhealthcarejammu@gmail.com 09622394531 9906212729 Office Address: 55B/B Gandhi Nagar Gole Market Jammu		
(iii) Quantity of recyclable wastes sold to authorized recycles after treatment in kg per annum.		Red Category (like plastic, glass etc)	N.A	
(iv) No. of vehicles used for collection and transportation of biomedical waste		N.A		
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity N.A. Where Generated N.A. disposed Incineration Ash N.A. ETP Sludge :ETP Yet to be established		
(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of		Mentioned Col.5 (II Sub Col.)		



	(vii) List of member HCF not handed over bio-medical waste	:	N.A
6.	Do you have bio medical waste management committee? If yes, attach minutes of the meeting held during the reporting period	:	YES
7.	Details training conducted on BMW	:	
	(i) Number of training conducted on BMW management. (ii) number of personnel trained (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		Staff is well trained. Weekly trainings were conducted to all personnel's including paramedical staff and students at the time of induction regarding biomedical waste management and is on going process throughout the year.
8.	Details of the accident occurred during the year		
	(i) Number of accidents occurred		-NO-
	(ii) Number of persons affected		Nil
	(iii) Remedial; action taken (Please attach details if any)		N.A
	(iv) Any Fatality occurred, details		NO
9.	Are you meeting the standards of air pollution from the incinerator? Howe many times in last year could not meet standards?		Incinerator is not under use
	Details of Continuous on line emission monitoring system installed		N.A
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		STP functional ETP yet to be establish
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in the year?		YES
12.	Any other relevant information	:	(Air pollution Control Devices attached with the Incinerator)
			-NO-

Certified that the above report is for the period from Jan 2018 to Dec 2018.

DATE :
PLACE:

Name and Signature of the Head of the Institution