

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)	:	DR. DARSHAN MAHAYANSHI
	(ii) Name of HCF or CBMWTF	:	NAMO HOSPITAL
	(iii) Address for Correspondence	:	SAJAY ROAD, SJWASSA
	(iv) Address of Facility	:	— II —
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	Qualityassurance.ubch@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) <u>Govt.</u>
	(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: <u>650</u>
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:.....
	(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	:	— NA —
	(ii) No of beds covered by CBMWTF	:	— NA —
	(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 : 6120.30 kg Red Category : 5930.20 kg White: 270.12 kg Blue Category : 1420.31 kg General Solid waste: _____																																																
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) _____																																																
	(ii) Details of the treatment or 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>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>Shredder</td> <td></td> <td>NA</td> <td></td> </tr> <tr> <td>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>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				Autoclaves				Microwave				Hydroclave				Shredder		NA		Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:				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.) _____ NA _____																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste :	_____ NA _____																																																
	(v) Details of incineration ash and ETP sludge generated and disposed :	_____ NA _____ Quantity generated : _____ Where disposed : _____																																																

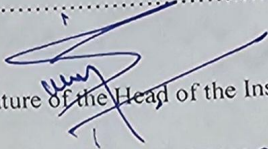
	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	EM-CLER PUT LTD
	(vii) List of member HCF not handed over bio-medical waste.	—
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	90
	(ii) number of personnel trained	989
	(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?	Yes
	(vi) any other information	
8	Details of the accident occurred during the year	— NIL —
	(i) Number of Accidents occurred	— NIL —
	(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 Pollution from the incinerator? How many times in last year could not met the standards?	— NA —
	Details of Continuous online emission monitoring systems installed	— NA —
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	— NA —
11	Is the disinfection method or sterilization meeting the log 4	—

	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)

Certified that the above report is for the period from

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JANUARY 2024 - DECEMBER 2024

Name and Signature of the Head of the Institution


 DR. DARSHAN MAHYAVANSHI
 ASST. MEDICAL SUPERINTENDENT
 NAMO HOSPITAL
 SILVASSA

Date: 12/02/2025
 Place: Silvassa