## Form - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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.	- articulars		
1.	Particulars of the Occupier		
	(i) Name of the authorised person (occupier of operator of facility)	or :	OR DARSHAN
	(ii) Name of HCF or CBMWTF	1:	SHRI VINDBA BHAVE CIVIL HOSPITA
	(iii) Address for Correspondence		SAILY ROAD, SILVASSA
	(iv) Address of Facility		11 -
	(v)Tel. No, Fax. No	1:	_1
	(vi) E-mail ID (vii) URL of Website		qualityassurance · vbch @gmail · com
1	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) GOVT
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation PCC/DDD/BMW/29/10-11/13)  walid up to S.O. 9/2 2
102	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
	Type of Health Care Facility	:	
(	i) Bedded Hospital		No. of Beds: 650
(i	i) Non-bedded hospital	:	
R	Clinic or Blood Bank or Clinical Laboratory or esearch Institute or Veterinary Hospital or any her)		
(ii	License number and its date of expiry		
De	tails of CBMWTF	:	
1	Number healthcare facilities covered by MWTF	:	- AA -
(ii)	No of beds covered by CBMWTF	:	- NA
	Installed treatment and disposal capacity of MWTF:		Kg per day

प्रदूषण नियंत्रण समिति
POLLUTION CONTROL COMMITTEE
क्षेत्रीय कार्यालय / Regional Office
दमन, दिव, एंव दादरा नगर हयेली
Daman, Diu and Dadra & Nagar Haveil
सिलवासा / SILVASSA

T	(iv) Quantity of biomedical waste treated	or di	sposed :		g/day		2705.11
	by CBMWTF  Quantity of waste generated or disposed	Kg per :	Yellow C Red Cate			70.4 Kg	
	annum (on monthly average basis)		White:	126		Kg 120.12 K	
				Blue Cate General S	Solid wa	aste:	
	Details of the Storage, treatment, transpor	rtatio	n, processing	and Dispos	al Facili	ity	
5	(i) Details of the on-site storage facility	:	Size : Capacity :		1	IA	
		1	Provision of	of on-site st	torage	: (cold	d storage or
	(ii) Details of the treatment or disposal facilities	:		treatment	No	Cap	Quantity
			equipme	nt	of unit	y	r disposed
					S	Kg/ day	in kg per annum
			destroye	Pyrolysis ves ave ave r ip cutter or		40	
			concrete	urial pits:			
			equipm	ner treatment ent:		oss stall	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	100	Red Category (like plastic, glass etc.)  — NA —				
	(iv) No of vehicles used for collection and transportation of biomedical waste	:		\$T	NA	-	
	(v) Details of incineration ash and ETP sludge generated and disposed		-1		antity erated		here sposed

	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	En-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	48
	BMW Management.	550
	(ii) number of personnel trained	530
	(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	
	(i) Number of Accidents occurred	- NIL-
	(ii) Number of the persons affected	- NIL
	(iii) Remedial Action taken (Please attach details if any)	-NIL-
	(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?	- A M -
	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?		- webset with th
12	Any other relevant information	1	(Air Pollution Control Devices attached with the Incinerator)
			Incineratory

Certified that the above report is for the pe	riod from
January	2029 - Decimber 2029
	Name and Signature of the Head of the Institution
Date: 28/06/2023 Place SILVASSA	De Dauhan Mahyavanshi
Place SILVASSA	Asst. Medical superintendent
	SUBCH.

7

(

BIOMEDICAL WASTE FROM JANUARY - 2022 TO DECEMBER - 2022

MONTH	RED	YELLOW	SHARPE	BLUE BOX	TOTAL
JANUARY	2948	3043	92.18	698	6781.18
FEBRURAY	3036.54	3351.48	108	814.14	7310.16
MARCH	3843	3689.3	105.8	1020	8658.1
APRIL	3559	3616	145.34	980.1	8300.44
MAY	3478.92	3675	114.32	1096.88	8365.12
JUNE	3835.1	3959.7 %	146.42	801	8742.22
JULY	2208.6	2341.94	84.62	612.6	5247.76
AUGUST	3915.7	4149.7	220.7	1074.2	9360.3
SEPTEMBER	3882.1	4307.1	121.3	1142.5	9453
OCTOBER	3918.92	3976.8	160.4	1081.3	9137.42
NOVMBER	3944	4067.9	107.5	1316.5	9435.9
DECEMBER	4275.44	4287.51	108.88	1508.243	10180.073
TOTAL	42845.32	44465.43	1515.46	12145.463	100971.673

