

**From -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)]

| Sr. No. | Particulars  |   |  |
|---------|--|---|--|
| 1.      | Particulars of the Occupier  | : |  |
|         | (i) Name of the authorized person (occupier or operator of facility)   | : | Vivekanand Medical Institute, Near Mohal Hotta, HP Agriculture university, Palampur Teh. Palampur (Kangra) |
|         | (ii) Name of HCF or CBMWTF   | : | Vivekanand Medical Institute   |
|         | (iii) Address for Correspondence   | : | Mohal Hotta, Palampur  |
|         | (iv) Address of Facility   | : | Near HP Agriculture university   |
|         | (v) Tel. No. Fax. No.  | : | 01894-236012, 98167-88800  |
|         | (vi) E-mail ID   | : | palampur.vmi@gmail.com.  |
|         | (vii) URL of Website   | : | www.vmiipalampur.com   |
|         | (viii) GPS coordinates of HCF of CBMWTF  | : | -  |
|         | (ix) Ownership of HCF of CBMWTF  | : | (State Government of Private or Semi Govt. or any other) Trust   |
|         | (x) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.  | : | Authorization No. ....<br>Not Renewed due to SPP/ETP<br>Plant work is not completed<br>Valid up to.....    |
|         | (xi) Status of Consents under Water Act and Air Act.   | : | Valid up to:<br>-  |
| 2.      | Type of Health Care Facility   | : | Multi Speciality Hospital  |
|         | (i) Bedded Hospital  | : | No. of Beds 57   |
|         | (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 if CBMWTF  | : |  |
|         | (i) Number healthcare facilities covered by CBMWTF   | : |  |
|         | (ii) No. of beds covered by  | : | 57   |

|    |   |  |                |                 |  |
|----|---|--|----------------|-----------------|--|
|    | (iv) Quantity of biomedical waste treated or disposal by CBMWTF :                                 | Treatment facility is outsourced<br>_____ Kg/day   |                |                 |  |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)                | Yellow category: 592 kg<br>Red Category: 419 kg<br>White: 22 kg<br>Blue Category: 236 kg<br>General Solid waste (Liquid) 5412 kg |                |                 |  |
| 5. | Details of the Storage, treatment, transportation, processing and Disposal Facility               |  |                |                 |  |
|    | (i) Details of the on-site storage facility :   | Size : 12 x 12<br>Capacity: —<br>Provision of on-site storage : (cold storage or any other provision)                            |                |                 |  |
|    | (ii) Disposal Facilities :  | 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   |                |                 |  |
|    |   | Needle tip cutter or destroyer   |                |                 |  |
|    |   | Sharps encapsulation or concrete pit   |                |                 |  |
|    |   | Deep Burial pits:  |                |                 |  |
|    |   | Chemical disinfection:   |                |                 |  |
|    |   | Any other treatment equipment:   |                |                 |  |
|    | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | Red Category (like plastic, glass etc.)<br>Sent To Suraksha Bio Sanitizer<br>Goggal, Kangra (H.P.)                               |                |                 |  |
|    | (iv) No of vehicles used for collection and transportation of biomedical waste.                   | — 0/0 —  |                |                 |  |
|    | (v) Details of incineration ash :   | Quantity Generated (Kg per   | Where disposed |                 |  |

All waste sent To Suraksha Bio Sanitizer Goggal - Kangra (H.P.)

|    |  |   |  |
|----|--|---|--|
|    | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                   | : | Suraksha Bio-Sanitizers<br>Gurgaon, Kangra CH.PS |
|    | (vii) List of member HCF not handed over bio-medical waste.  | : | - Yes  |
| 6. | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period. | : | - Yes<br>mom attached                            |
| 7. | Detail trainings conducted on BMW  | : |  |
|    | (i) Number of training conducted on BMW Management.  | : | 10, or monthly                                   |
|    | (ii) Number of personnel trained   | : | 100. Trayness                                    |
|    | (iii) Number of personnel trained at the time of induction   | : | 100  |
|    | (iv) Number of personnel not undergone any training so far.  | : | None   |
|    | (v) Whether standard manual for training is available?   | : | Yes  |
|    | (vi) Any other information)  | : | -  |
| 8. | Details of the accident occurred during the year   | : | NO   |
|    | (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 Pollution from the  | : | -  |

|     |   |   |   |
|-----|---|---|---|
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.                   | : | Done  |
| 11. | It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | : | None  |
| 12. | Any other relevant information  | : | (Air Pollution Control Device attached with the incinerator.) Done. |

Certified that the above report is for the period from January 2017 to December 2017



Name and Signature of the Head of the Institution

Date:

20/08/2020

Place:

Palumpat.