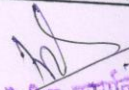


Form - IV
(See rule 13)
ANNUAL REPORT

[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	Annual Report - 2020-21
	(i) Name of the authorized person (occupier or : operator of facility)	MR. ROBIN JOY
	(ii) Name of HCF or CBMWTF	ASIAN HASEENA BEGUM MULTISPECIALITY HOSPITAL
	(iii) Address for Correspondence	11
	(iv) Address of Facility	CHANDAULI ROAD, SAMBHAL 244302
	(v) Tel. No, Fax. No	
	(vi) E-mail ID	
	(vii) URL of Website	info-sb@aimindia.com
	(viii) GPS coordinates of HCF or CBMWTF	www.aimindia.com/asianhaseena begum
	(ix) Ownership of HCF or CBMWTF	(State Government or <input checked="" type="checkbox"/> Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No.: 2324/BIMW-577/General Valid upto: 31/07/2025
	(xi). Status of Consents under Water Act and Air Act	Valid upto: 31/July/2025
2	Type of Health Care Facility	Private (Multispeciality)
	(i) Bedded Hospital	No. of Beds: _____
	(ii) Non-bedded hospital	
	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 of health care facilities covered by CBMWTF	MULTISPECIALITY (MED SURG, GYN, ORTHO, ANAESTHESIA, ER, PEDI, PT, M.D)
	(ii) No. of Beds covered by CBMWTF	
	(iii) Installed treatment and disposal capacity of CBMWTF;	_____ Kg / day
	(iv) Quantity of bio medical 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: 391 Kg Red Category: 345 Kg White: 230 Kg Blue Category: 354 Kg General Solid Waste:
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	
	(i) Details of the on-site storage	Size: LARGE CATEGORISED BINS AS PER REQD. LOADING


 28/6/21
 क्षेत्रीय कार्यालय
 उ.प्र. प्रदूषण नियंत्रण बोर्ड
 1-A1.N.S.1 आवास विकास कालोनी
 विहार, मुरादाबाद

facility		Capacity:			
		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.) DISPOSED THROUGH AUTHORIZED AGENCY ONLY. NONE SOLD	
(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:			
(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			
		Ash			
	ETP Sludge				
(vi)	Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		C-2, Phase-1, UPSIDC Industrial Area, Masani Gulaathi Road, Gaziabad UP. Medicare Environmental Management Pvt. 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		SINGLE POINT COLLECTION & DISPOSAL THROUGH AUTHORIZED AGENCY		

7	Details trainings conducted on BMW		
	(i) Number of trainings 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		0
	(v) Whether standard manual for training is available?		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		N/A
	(ii) Number of 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?		N/A
	Details of Continuous online emission monitoring systems installed		Not Installed
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		
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) N/A

Certified that the above report is for the period from

..... April-20 to March-21

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Date: 29/06/2021

Place: Sambhal

ASIAN HASEE HOSPITAL
SAMBHAL
Name and Signature of the Head of the Institution

AUTHORISED

[Signature]
CENTRE HEAD