

**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 (CBMWTF)]

Sr. No.	Particulars	
1.	Particulars of the Occupier	Dr Y.S.P.G.M.C. Nahan Dist. Solapur
	(i) Name of the authorized person (occupier or operator of facility)	
	(ii) Name of HCF or CBMWTF	Dr. Y.S.P.M.C. Nahan.
	(iii) Address for Correspondence	- do -
	(iv) Address of Facility	- do -
	(v) Tel. No. Fax No.	01702 - 222526
	(vi) E-mail ID	R.K.S.K.Y.Nahan@gmail.com
	(vii) URL of Website	
	(viii) GPS coordinates of HCF of CBMWTF	
	(ix) Ownership of HCF of CBMWTF	(State Government of Private or Semi Govt. or any other)
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	Authorization No. .... Valid up to.....
	(xi) Status of Consents under Water Act and Air Act.	Valid up to:
2.	Type of Health Care Facility	Medical College
	(i) Bedded Hospital	No. of Beds 313
	(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	NA
	(i) Number healthcare facilities covered by CBMWTF	
	(ii) No. of beds covered by CBMWTF	
	(iii) Installed treatment and disposal capacity of CBMWTF	Kg per day

12/4/2024 O/O Nagan

D No 275 Forward to M.S. office  
for N/A PRIDE

12/4/2024  
Dr YSPGMC, Nahan

4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow category: 9614.79 Kg			
		Red Category: 10557.953 Kg			
		White: 175.3 Kg			
		Blue Category: 2218.27 Kg			
		General Solid waste 22500-313 Kg			
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) Disposal Facilities	Type of Treatment Equipments	No of Units	Capacity Kg/day	Quantity treated or disposed In Kg per Annum
		Incinerators			
		Plasma Pyrolysis			
		Autoclaves	01		
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer			
		Sharps encapsulation			
		Deep Burial pits:			
		Chemical disinfection:	09	20 Lit	
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.)				
(iv) No of vehicles used for collection and transportation of biomedical waste.					
(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)	Quantity Generated (Kg per annum)		Where disposed		
	Incineration Ash				
	ETP Sludge				
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed Of.	Enviro Engineers SANDU, ARKI.				
(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.	Detail trainings conducted on BMW	Yes
	(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?	BMW Rules 2016's Amendments
	(vi) Any other information	
8.	Details of the accident occurred during the year	needle prick injuries
	(i) Number of Accidents occurred	0.5 Needle Prick injuries
	(ii) Number of the persons affected	0.5
	(iii) Remedial Action taken (Please attach details if any)	injuries reported to A&E & JTC.
	(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.	
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 Device attached with the Incinerator.)

\*Certified that the above report is for the period from January 2023 to December 2023

Name and Signature of the Head of the Institution

Date:  
Place: