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)]

| SI. No. | Particulars | Details | |
|------------|---|---|-------------------------|
| 1 | Particulars of the Occupier | | |
| | (i) Name of the authorised person (occupier or operator of facility) | The Managing Director | |
| | (ii) Name of HCF or CBMWTF | TVM.0068 KIMS Hospital | |
| | (iii) Address for Correspondence | TC/14/2008/2 Anayara, trivandrum Trivandrum, Trivandrum Kerala, India Pin - 695029 | 1 |
| | (iv) Address of Facility | TC/14/2008/2 Anayara, trivandrum Trivandrum, Trivandrum Kerala, India Pin - 695029 | 1 |
| | (v) Tel. No | 4713041000, 8593093080 | |
| | (vi) E-mail ID | dss@kimsglobal.com | |
| | (vii) URL of Website | | |
| | (viii) GPS coordinates of HCF or CBMWTF | Latitude - Longitude - | 8.5135825 76.9092867 |
| | (ix) Ownership of HCF or CBMWTF | | |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | | |
| | (xi) Status of Consents under Water Act and Air Act | | |
| 2 | Type of Health Care Facility | | |
| | (i) Bedded Hospital | Private Hospital (PH) | |
| | (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 | ZKH/DSO/L-17/17-18 | |

| 3 | Details of CBMWTF | IMAGE / IMA,KSB,Be Manthuruthy,Kanjikko Tel. No.:0491 2570470 Fax. No.:0491 257047 | ode west,Pa), | | |
|---|---|---|-------------------|---------------------|---|
| | (i) Number healthcare facilities covered by CBMWTF | 16602 | | | |
| | (ii) No of beds covered by CBMWTF | 163474 | | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | 55.8 tonnes per day | | | |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | 36.846 tonnes per day | | | |
| 4 | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | 99951.00 | | | |
| | | Red Waste | | 61548.00 | |
| | | Yellow Waste | | 37712.00 | |
| | | Blue Waste | | 532.00 | |
| | | White Waste | | 159.00 | |
| 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) | Nil | | | |
| | (ii) Details of the treatment or disposal facilities | Type of treatment equipment | No of units | Capacity Kg/ day | Quantity Treated or disposed in kg per annum |
| | | Incinerators | Nil | Nil | |
| | | Plasma Pyrolysis | Nil | Nil | |
| | | Autoclaves | Nil | Nil | |
| | | Microwave | Nil | Nil | |
| | | Hydroclave | Nil | Nil | |
| | | Shredder | Nil | Nil | |
| | | Needle tip cutter or destroyer | Nil | Nil | |
| | | Sharps (bottles) Encapsulation or concrete pit | Nil | Nil | |
| | | Deep burial pits (Needle) | Nil | Nil | |
| | | Chemical disinfection | Nil | Nil | |
| | | Any other treatment equipment: | Nil | Nil | |

| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. Red Category (like plastic, glass etc.) | Nil (Disposed through CBWTF, IMAGE, Palakkad) |
|----|---|--|
| | (iv) No of vehicles used for collection and transportation of biomedical waste | CBWTF , IMAGE Vehicle |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | Through CBWTF, IMAGE, Palakkad |
| | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | CBWTF, Indian Medical Association Goes Eco-friendly, Manthuruthi, Kanjikode West, Palakkad – 678623 |
| | (vii) List of member HCF not handed over bio- medical waste. | NA |
| 6 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | |
| 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 | |
| | (v) whether standard manual for training is available? | Yes. Trainers from CBWTF |
| | (vi) any other information | |
| 8 | Details of the accident occurred during the year | |
| | (i) Number of Accidents | |
| | (ii) Number of the persons affected occurred | |
| | (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? | NA |
| | 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. | Yes |
| | How many times you have not met the standards in a year? | - |

| 11 | Is the disinfection method or sterilization meeting the log 4 standards? | Yes |
|-------|---|--|
| | How many times you have not met the standards in a year? | |
| 12 | Any other relevant information | |
| | (Air Pollution Control Devices attached with the | Through CBWTF IMAGE Quench Column , Venturri Scrubber, Droplet |
| Certi | Incinerator) | Seperater, Packed Scrubber, Moiture Seperater |
| Certi | | |
| | | |
| | fied that the above report is for the period from (e and Signature of the Head of the Institution | |