

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	:	C.S.I. Kalyani General Hospital
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. J. Jene Jayanth
	(ii) Name of HCF or CBMWTF	:	C.S.I. Kalyani General Hospital
	(iii) Address for Correspondence	:	15. Dr. Radha Krishnan Salai
	(iv) Address of Facility		mylapore, Chennai - 600004
	(v) Tel. No, Fax. No	:	28474141, 28475870
	(vi) E-mail ID	:	csi.kalyani.hospital@rocketmail.com
	(vii) URL of Website		www.csi.kalyani.hospital.com
	(viii) GPS coordinates of HCF or CBMWTF		-
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) ^{voluntary} Trust Hospital
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: BMW 4866 28:10:2015valid up to 27:10:2019
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.03.2020
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 200 + 20 (nurses at bedside)
	(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 of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	One HCF
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	20 Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	40 Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category : 796 Kg Red Category : 955 Kg White: 68 Kg Blue Category : 180 Kg General Solid waste: 150 Kg																																																
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
	(i) Details of the on-site storage facility :	Size : 10 X 10 sqft Capacity : 500 kgs Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) Details of the treatment or disposal facilities :	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>-</td> <td>0</td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>-</td> <td>0</td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>-</td> <td>2</td> <td></td> </tr> <tr> <td>Microwave</td> <td>-</td> <td>0</td> <td></td> </tr> <tr> <td>Hydroclave</td> <td>-</td> <td>0</td> <td></td> </tr> <tr> <td>Shredder</td> <td>-</td> <td>1</td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td>-</td> <td>0</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td>-</td> <td>0</td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td>-</td> <td>0</td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td>-</td> <td>1 (sodium hypo chlorate system)</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td>-</td> <td>0</td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators	-	0		Plasma Pyrolysis	-	0		Autoclaves	-	2		Microwave	-	0		Hydroclave	-	0		Shredder	-	1		Needle tip cutter or destroyer		-	0	Sharps encapsulation or concrete pit		-	0	Deep burial pits:		-	0	Chemical disinfection:		-	1 (sodium hypo chlorate system)	Any other treatment equipment:		-	0
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. :	Red Category (like plastic, glass etc.) G.I. multiclave																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste :	one																																																
	(v) Details of incineration ash and ETP sludge generated and disposed :	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>NA</td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed	NA																																													
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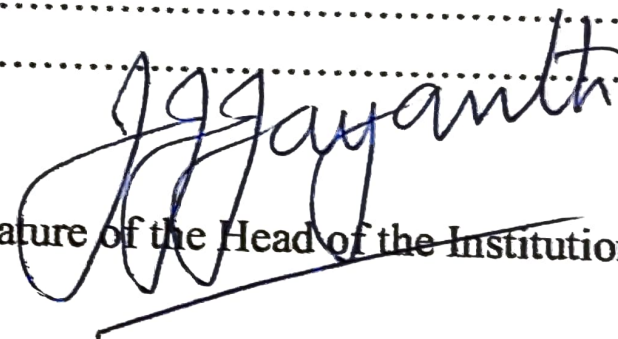
	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge	NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of			G.J. multiclave
	(vii) List of member HCF not handed over bio-medical waste.			NIL
6	Do you have bio-medical waste 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 BMW Management.			5
	(ii) number of personnel trained			42
	(iii) number of personnel trained at the time of induction			27
	(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			NIL
	(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 incinerator? How many times in last year could not met the standards?			NA
	Details of Continuous online emission monitoring systems installed			DG set 250 kv
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?			STP - Functioning
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) -

Certified that the above report is for the period from

.....*January 2019 to December 2019*.....

Name and Signature of the Head of the Institution



Date:

Place

Dr. J. JERENE JAYANTH, M.D., DCH.,
 Medical Director
 CSI Kalyani General Hospital
 Mylapore, Chennai - 600 004.