Form - IV

(See rule 13)

ANNUAL REPORT

Particulars	and the second s				
Particulars of the Occupier :					
(i) Name of the authorised p (occupier or operator of facility)	erson Dr. J. Jerene Jayanth				
(ii) Name of HCF or CBMW	TF CSI Kalyani General Hospital				
(iii) Address for Corresponde	ence: No: 15, S.F. No: 1738/1, 1738/2, 1738/3, Mylapore Part 1 Village, Dr. Radha Krishnar Salai, Mylapore Taluk, Chennai District - 600004				
(iv) Address of Facility	No: 15, S.F. No: 1738/1, 1738/2, 1738/3,				
	Mylapore Part 1 Village, Dr. Radha Krishnan Salai, Mylapore Taluk, Chennai District - 600004				
(v)Tel. No, Fax. No:	044-28474141				
(vi) E-mail ID:	The state of the s				
(vii) URL of Website	csikalyanihospital@rocketmail.com				
(viii) GPS coordinates of HC	For 13 043367N, 80 3 608325				
CDMWIF	10.01550714, 80,209822E				
(ix) Ownership of HCF or CE (State Government or Private Govt. or any)	or Semi				
(x). Status of Authorisation un Bio-Medical Waste (Management and Hand Rules	upto 31/3/2020 upto 31/3/2020				
(xi). Status of Consents under Act and Air Act	8/8/2022 under Air Act and 2207141606268; dtd: 8/8/2022 under Water Act and 3207141606268;				
2. Type of Health Care Facili					
Laboratory or Research Institute or Veterinary Hospital or any other	y				
(iii) License number and its dat expiry	e of				
3. Details of CBMWTF:	A CONTRACTOR OF THE PROPERTY O				
by CBMWTF	I Production				
(ii) No of beds					
(ii) No of beds covered by CBM (iii) Installed treatment and disp capacity of CBMWTF:	MWTF Not Applicable				
capacity of CBMWTF:	osal Not Applicable				

and the second	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	Not Applica	oic				
ļ	Quantity of waste generated or disposed	I CHOW Careford		475 (39.58 kg/m)		Kgs	
a	in Kg per annum (on monthly average basis)	Red Category		535 (44.58 kg/m)		Kgs	
		White		35 (2.92 kg/m)		Kgs	
		Blue Categor	Blue Category 76 (6.33)		/m)	Kgs	
		General Solid waste				Kgs	
D	etails of the Storage, treatment, transportati	on, processing	and Dis	posal F	acility		
	(i) Details of the on-site storage	Capacity: To store 500 kg of waste Provision of on-site storage: (cold storage or any other provision): No cold storage provision					
	facility						
the state program is about the program and \$10 per distributions are	(ii) Details of the treatment or disposal facilities	No of units		Capacity Kg/day		Quantity Treated or disposed in kg per annum	
	Incinerators	-			1		
	Plasma Pyrolysis	-					
-	Autoclaves	2					
- j	Microwave	-					
_	Hydro clave	-					
-	Shredder	1					
1	Needle tip cutter or destroyer	1	Nos				
	Sharps encapsulation or concrete Pit				the complete street of the con-		
1	Deep burial pits:	Not	Applica	able			
-	hemical disinfection:	Disinfected a	and treat	ted in E	TD on	1 CTD	
P	any other treatment equipment	-	fected and treated in ETP and STP				
(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							
V)	Details of incineration ash and 1550	Dose not arise as vehicle provided by CBMWFT					
G	udge generated and disposed Quantity enerated uring the treatment of wastes in Kg /	Incineration Ash ETP Sludge	Quanti Genera	ity	When		
		-	-		-		
	Name of the Common Bio Medical aste Treatment Facility Operator	G. J. Multicla	ive				
(vi	i) List of member 1100	N					
JV	er bio-medical waste.	Not Applicable					

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	1
	(ii) number of personnel trained	4
	(iii) number of personnel trained at the time of induction	All Staffs
	(iv) number of personnel not undergone any training so far	Nil
	(v) Whether standard manual for training is available?	Yes
8	(vi) any other information)	Nil
0	Details of the accident occurred during the year	
	(i) Number of Apple	No accident occurred
	(i) Number of Accidents occurred	Not Applicable
	(ii) Number of the persons affected	Not Applicable
	(iii) Remedial Action taken (Please attach details if any)	Not Applicable
9	(iv) Any Fatality occurred, details.	Not Applicable
,	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Not Applicable
	Details of Continuous online emission	Not Applicable
10	monitoring systems installed	Applicable
10	methods in place. How many times you have not met the standards in a year?	Discharge standards have been achieved through the year as per consent condition
1	meeting the log 4 standards? How many times you have not met the standards in a year?	Not Applicable
2	Any other relevant information: (Air Pollution Control Devices attached with the Incinerator)	Not Applicable

Certified that the above report is for the period from January 2021 to December 2021

Date: 30/1/2022 Place: Chennai

CHENNA H

Name and Signature of Health Care Facility

Dr. J.J. JAYANTH
DCH. M.D., (INTERNAL MEDICINE by
Consultant Physician, Reg. No. 58618
C.S.I. Kalyani General Hospital
No. 15, Dr. Radhakrishnan Selet
Mylapore Chennai-600 004