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		and the second s
1.	Particulars of the Occupier	:	
- 24	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Shirishkumar G. Chavan, DEAN ESIC Medical College & Hospital, Sanathnagar, Hyderabad
	(ii) Name of HCF or CBMWTF	:	ESIC Medical College & Hospital & Super Specialty Hospital, Hyderabad
	(iii) Address for Correspondence	:	7-1-634, Survey no.121/1 & 121/2, NH65, Sanath nagar, Hyderabad, 500033
	(iv) Address of Facility		7-1-634, Survey no.121/1 & 121/2, NH65, Sanath nagar, Hyderabad, 500038
- [(v)Tel. No, Fax. No	:	040-67872002
	(vi) E-mail ID	:	-
	(vii) URL of Website		www.esicmchyd.ac.in
	(viii) GPS coordinates of HCF or CBMWTF		17.4472 N 78.4402 E
	(ix) Ownership of HCF or CBMWTF	:	ESI Corporation
-	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	•	Authorisation No.: 4794731/TSPCB/HO/HYD/CFO/ 2023- Dt 03.01.2024 valid up to 31.03.2028
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.03.2028
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	1	No. of Beds: 630
ł	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		$(a) = \frac{1}{2} \frac{d^2}{dt} \frac{dg}{dt} = \frac{1}{2} \frac{dt}{dt} \frac{dt}{dt} = \frac{1}{2} \frac{dt}{dt} \frac{dt}{dt}$
	(iii) License number and its date of expiry	1	na an Dan
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	1,18	NA net control eQ
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	1	Kg per day

5 Deta (i) faci	antity of waste generated or disposed i num (on monthly average basis) tails of the Storage, treatment, transpo Details of the on-site storage cility Details of the treatment or sposal facilities		n, process Size Capacity Provisio any othe	Re W Bl G sing and l : y : on of on er provisi of treatm	ed Categor hite: 3600 lue Catego eneral Soli Disposal F 	y : 1 kg / ry : 1 d wa acilit	21777 annum 2108 k ste: y : (cold Cap	49 kg/annum kg/annum g/annum d storage or Quantity
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(ii)) Details of the treatment or		Provisio any othe Type	on of on er provisi of treatm	on) hent N	No	Cap	
		:	Туре	of treatm	nent N		-	Quantity
					L	ınit	acit y Kg/ day	treatedo r disposed in kg per annum
			Plasm Auto Micro Hydr Shree Need destro Sharj encaj conce Deep Chen disim Any equij	lle tip cut oyer ps psulation rete pit o burial p nical fection: other trea pment:	02 tter or or its: atment	σlas	- -	27543 kg / ycar
sol tre	 ii) Quantity of recyclable wastes old to authorized recyclers after eatment in kg per annum. v) No of vehicles used for collection 		NIL (A for fina	ll Biome Il disposa		e is g	given to	CBMWTF
wa (v) ET	nd transportation of biomedical	1	Not App	licable	Quantit	•		here posed

	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	anta Setto	Medicare environmental Management private Ltd.
	(vii) List of member HCF not handed over bio-medical waste.	N. Mall	NA ceta boy Legislation i et recipio pondo but su diferent
5	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	riei ²⁴	
	(i) Number of trainings conducted on BMW Management.		40
	(ii) number of personnel trained		1500
	(iii) number of personnel trained at the time of induction		250
	(iv) number of personnel not undergone any training so far		Nil
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		-
}	Details of the accident occurred during the year		-
	(i) Number of Accidents occurred		NIL
	(ii) Number of the persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NIL
	(iv) Any Fatality occurred, details.		NA
Э.	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 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?		ETP is installed for infectitious liquid waste
11	Is the disinfection method or sterilization meeting the log 4	AP-S	Not Applicable

1	standards? How many times you have not met the standards in a year?	n an de o	and an indexe to departure an and
12	Any other relevant information	ode Sole	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from January, 2022 to December 2022

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Name and Signature of the Head of the Institution Dean Ple

> VC डीन - VC Dean का.रा.बी.नि. चिकित्सा महाविद्यालय E.S.I.C. Medical College सनतनगर, हैदराबाद - 500038. Sanathnagar, Hyderabad - 500038.

Date: 29/06/2024 Place Hyderabed