**Form IV A**

**[See rule 13 (2)]**

**Format for submission of the Annual Report Information on Bio-medical Waste Management (to be submitted by the State Pollution Control Board or Pollution Control Committees and Director General Armed Forces Medical Services to Central Pollution Control Board on or before 31th July of every year for the period from January to December of the preceding calendar year.**

|  |  |  |  |
| --- | --- | --- | --- |
| (1) | Name of the Organisation | : |  |
| (2) | Name of the Nodal Officer with contact telephone number and e-mail | : |  |
| (3) | Total no. of Health Care Facilities / Occupiers | : |  |
| **(i)** | Bedded Hospitals and Nursing Homes (bedded) | : |  |
| **(ii)** | Clinics, dispensaries | : |  |
| **(iii)** | Veterinary institutions | : |  |
| **(iv)** | Animal houses | : |  |
| **(v)** | Pathological laboratories | : |  |
| **(vi)** | Blood banks | : |  |
| **(vii)** | Clinical establishment | : |  |
| **(viii)** | Research Institutions | : |  |
| **(ix)** | AYUSH | : |  |
| (4) | Total no. of beds | : |  |
| (5) | Status of authorisation | : |  |
| **(i)** | Total number of Occupiers applied for authorisation | : |  |
| **(ii)** | Total number of Occupiers granted authorisation | : |  |
| **(iii)** | Total number of application under consideration | : |  |
| **(iv)** | Total number of applications rejected | : |  |
| **(v)** | Total number of Occupiers in operation without applying for authorisation | : |  |
| (6) | Quantity of Bio-medical Waste Generation (in kg/day)  (please enclose District Wise Bio-medical Waste Generation as per Part-2) | : |  |
| **(i)** | Bio-medical waste generation by bedded hospitals(in kg/day) | : |  |
| **(ii)** | Bio-medical waste generation by non-bedded hospitals (in kg/day) | : |  |
| **(iii)** | Any other | : |  |
|  |  |  |  |
|  |  |  |  |
| Total : \_\_\_\_\_\_ Kg/day | | | |

(7) Bio-medical waste treatment and disposal

(a) By Captive bio-medical waste treatment and disposal by Health Care Facilities (please enclose details as per (Part-3)

**(i)** Number of Health Care Facilities having captive treatment and Disposal facilities :

**(ii)** Total bio-medical waste treated and disposed by captive treatment facilities in kg/day :

(b) Bio-medical waste treatment and disposal by Common Bio Medical Waste Treatment Facilities (please enclose details as per Part 4)

* Number of Common Bio Medical Waste Treatment Facilities in Operation :

**(ii)** Number of Common Bio Medical Waste Treatment Facilities under construction :

**(iii)** Total bio-medical waste treated in kg/day :

**(iv)** Total treated bio-medical waste disposed through authorised recyclers ( in Kg/day) :

(8) Total no. of violation by :

**(i)** Health Care Facilities (bedded and non-bedded) :

**(ii)** Common Bio Medical Waste Treatment Facilities :

**(iii)** Others (please specify) :

(9) Show cause notice/ direction issued to defaulter :

**(i)** Common Bio Medical Waste Treatment Facilities :

**(iii)** Others :

(10) Any other relevant information :

**(i)** Number of workshops / trainings conducted during the year :

**(ii)** Number of occupiers installed liquid waste treatment facility :

**(iii)** Number of captive incinerators complying to the norms :

**(iv)** Number of occupiers organised trainings :

**(v)** Number of occupiers constituted Bio-medical Waste Management Committees :

**(vi)** Number of occupiers submitted Annual Report for the previous calendar year :

**(vii)** Number of occupiers practising pre-treatment of lab microbiology and Bio-technology waste :

**(viii)** Number of Common Bio Medical Waste Treatment Facilities that have installed Continuous Online Emission Monitoring Systems

**Part 2: District-wise Bio-medical Waste Generation (for the previous calendar year ......)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No | Name of the State /  Union Territory | Name of the District | Bio-medical Waste  Generation (in Kg/day) | Existing Total bio-medical waste treatment capacity  (both captive and CBMWTF)in kg/day | |
|  |  |  |  | Equipment | Total |
| Incinerator: |  |
| Autoclave: |  |
| Deep |  |
| Burial: |  |
| Any other: |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Part 3 : Information on Health Care Facilities having captive treatment facilities (for the previous calendar Year .......)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.  No. | Name and address of the  Health Care  Facility | Quantity of Bio-medical Waste Generation (in kg/day) | | | | | Total Installed Treatment Capacity in kg/day | | | | Total bio-medical treated and disposed  by Health Care Facilities in Kg/day | |
| Yellow | Red | Blue | White | Total Bio-medical waste generated (in Kg/day) | Incinerator | Autoclave | Deep burial | Any other |
|  |  |  |  |  |  |  |  |  |  |  | Incinerator : |  |
| Autoclave : |  |
| Deep : |  |
| Burial : |  |
| Any other : |  |
|  |  |  |  |  |  |  |  |  |  |  | Total : |  |

**Part 4: Information on Common Bio-Medical Waste Treatment and Disposal Facilities (for the previous calendar Year .....)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.No | Name and  Address of  The Common  Bio Medical  Waste Treatment  Facilities  With contact  person name and telephone  number | GPS  Coordinates | Coverage Area in  KMS | Name of  the  cities/  areas  covered by  Common  Bio-  Medical  Waste  Treatme  nt  Facilities | Total  number of  Health  Care  Facilities being  covered | Total  number  of beds  covered | Total  Quantity of Bio Medical  Waste collected  From member Health Care  Facilities(in  Kg/day) | Capacity of Treatment equipments  installed by Common Bio Medical  Waste Treatment Facilities | | | Total Bio-Medical Waste treated in kg/day | Method of Disposal of treated wastes (Incineration Ash/Sharps/Plastic |
|  |  |  |  |  |  |  |  | Equipment | Numbers | Total installed capacity (kg/day) |  |  |
| Incinerator |  |  |  | Incineration Ash:  Quantity:  Disposed By |
| Plasma Paralysis |  |  |  |
| Autoclave |  |  |  | Sharps :  Quantity :  Disposed By |
| Hydroclave |  |  |  |
| Microwave |  |  |  | Plastics:  Quantity :  Disposed By |
| Shredder |  |  |  |
| Sharps encapsulation or concrete pit |  |  |  |  |
| Deep burial pits |  |  |  | ETP Sludge:  Quantity:  Disposed by: |
| Any Other equipment |  |  |  |
| Effluent Treatment plant |  |  |  |
| Sub-total |  |  |  |  |

(a) Total Number of transportation vehicles used for collection of Bio-medical Waste on daily basis by the Common Bio-Medical Waste Treatment Facilities:

(b) List of Health Care Facilities not having membership with the Common Bio-Medical Waste Treatment Facilities and neither having captive treatment facilities:

(c) Number of trainings organised by the Common Bio-Medical Waste Treatment Facility operators:

(d) Number of Accidents reported by the Common Bio Medical Waste Treatment Facilities:”.