

Form - IV (See rule 13)

[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																							
			District Hospital, Aluva																					
1	Particulars of the Occupier	:																						
	(i) Name of the authorized person (occupier or : operator of facility)	:	Superintendent, District Hospital Aluva																					
	(ii) Name of HCF or CBMWTF	:	District Hospital, Aluva																					
	(iii) Address for Correspondence	:	Near KSRTC Bus Stand Aluva, Aluva																					
	(iv) Address of Facility	:	Near KSRTC Bus Stand Aluva, Aluva																					
	(v) Tel. No, Fax. No	:	0484-2629242																					
	(vi) E-mail ID	:	districthospitalaluva2022@gmail.com																					
	(vii) URL of Website	:																						
	(viii) GPS coordinates of HCF or CBMWTF	:																						
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt.																					
	(x). Status of Authorization under the Bio-	:	Authorisation No.:																					
	(xi). Status of Consents under Water Act and	:	Valid upto:																					
2	Type of Health Care Facility	:																						
	(i) Bedded Hospital	:	No. of Beds:227																					
	(ii) Non-bedded hospital	:																						
	(iii) License number and its date of expiry	:																						
3	Details of CBMWTF	:	KERALA ENVIRO INFRASTRUCTURE LTD , CBWTF, INSIDE FACT-CD CAMPUS, AMBALAMEDU, KOCHI-682303, KERALA PH: 0484- 2722241,341 CIN: 424129KL2005PLCO17973, . keilbiomedicals@gmail.com MAIL ;																					
	(i) Number of health care facilities	:	524 HCF																					
	(ii) No. of Beds covered by CBMWTF	:	KERALA ENVIRO INFRASTRUCTURE LTD , CBWTF, INSIDE FACT-CD																					
	(iii) Installed treatment and disposal	:	16000 Kg / day																					
	(iv) Quantity of bio medical waste	:	7500 Kg / day																					
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Categor : 29244.1353 Red Category:5582.469 White:395.256 Blue Category:1089.86 General Solid Waste:																					
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility																							
	(i) Details of the on-site storage facility	:	Size:																					
	Facility	:	Capacity:																					
		:	Provision of on-site storage : (Cold storage or any other provision)																					
			<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of Units</th> <th>Quantity Treated or disposed in kg</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of Units	Quantity Treated or disposed in kg	Incinerators			Plasma Pyrolysis			Autoclaves			Microwave			Hydroclave			Shredder		
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(ii) Disposal facilities	Needle tip cutter or destroyer		
	Sharps		
	Encapsulation or concrete pit		
	Deep burial pits		
	Chemical disinfection: Any other treatment equipment:		
(iii) Quantity of recyclable wastes	:	Red Category (like plastic, glass, etc.)	
(iv) No. of Vehicles used for collection and transportation of biomedical waste	:		
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Incineration	Where disposed	
	Ash		
	ETP Sludge		
(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of			
(vii) List of member HCF not handed			
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)			
(ii)			
(iii)			
(iv)			
(v)			
8 Details of the accident occurred during the year			
(i)			
(ii)			
(iii)			
(iv)			
9 Are you meeting the standards of air			
Details of Continuous online emission			
10 Liquid waste generated and treatment			
11 Is the disinfection method or			
12 Any other relevant information			

(Air Pollution Control Devices attached with

Certified that the above report is for the period from



[Handwritten signature]