

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	:	DISTRITCT HOSPITAL, ALUVA	
	(i) Name of the authorized person (occupier or : operator of facility)	:	SUPERINTENDENT, DISTRICT HOSPITAL, ALUVA	
	(ii) Name of HCF or CBMWTF	:	DISTRITCT HOSPITAL, ALUVA	
	(iii) Address for Correspondence	:	NEAR KSRTC BUS STANDALUVA, ALUVA	
	(iv) Address of Facility	:	NEAR KSRTC BUS STANDALUVA, ALUVA	
	(v) Tel. No, Fax. No	:	0484-2629242	
	(vi) E-mail ID	:	districthospitalaluva2022@gmail.com	
	(vii) URL of Website	:	https://districthospitalaluva.com/	
	(viii) GPS coordinates of HCF or CBMWTF	:		
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)	
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: Valid upto:	
	(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	:		
	Clinical Laboratory or Research Institute or	:		
	(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, .	
	(i) Number of health care facilities covered by CBMWTF	:	1228	
	(ii) No. of Beds covered by CBMWTF	:	22750	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	16000 Kg / day	
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	7500 Kg / day	
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 11414.99	
		:	Red Category: 12778.88	
		:	White: 370.97	
		:	Blue Category: 2405.65	
		:	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)	
	(ii) Disposal facilities		Type of treatment equipment	No of Units
			Incinerators	
			Plasma Pyrolysis	
			Autoclaves	
			Microwave	
			Hydroclave	
			Shredder	

		Needle tip cutter or Sharps	
		Encapsulation or Deep burial	
		Chemical	
		Any other treatment	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg	:	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
			Ash
			ETP Sludge
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes		
	(vii) List of member HCF not handed over bio-medical waste.		
	(vii) List of member HCF not handed over bio-medical waste.		
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the		
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted		
	(ii) Number of personnel trained		
	(iii) Number of personnel trained at		
	(iv) Number of personnel not		
	(v) Whether standard manual for training is available?		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		
	(ii) Number of persons affected		
	(iii) Remedial Action taken (Please attach details if		
	(iv) Any Fatality occurred, details		
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year		
	Details of Continuous online emission monitoring systems installed		
10	Liquid waste generated and treatment methods in place. How many times you		
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times		
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from April 2024-March 2025

Date:



Sampath
Name and Signature of the Head of the Institution

**SUPERINTENDENT
DISTRICT HOSPITAL
ALUVA**