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)]

SI. No.	Particulars				
1	Particulars of the Occupier	:			
	(i) Name of the authorized person (occupier or : operator of facility)	:	Yasushi Nishikawa		
	(ii) Name of HCF or CBMWTF	: 50	M/S SML Isuzu Ltd.		
	(iii) Address for Correspondence	:	Vill. Asron, S.B.S. Nagar		
	(iv) Address of Facility	:	Vill. Asron, S.B.S. Nagar		
	(v)Tel. No, Fax. No	:	01881-270259		
	(vi) E-mail ID	:			
	(vii) URL of Website				
772.5	(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.: BMW/Renewal/RPN/2021/15263322 Valid upto: perpetuity		
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto:		
2	Type of Health Care Facility				
	(i) Bedded Hospital	:	No. of Beds: NA		
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	1.			
	(iii) License number and its date of expiry	:			
3	Details of CBMWTF	:	NA NA		
	(i) Number of health care facilities covered by CBMWTF				
	(ii) No. of Beds covered by CBMWTF				
	(iii) Installed treatment and disposal capacity of CBMWTF;		NA Kg / day		
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF		NA Kg / day		
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)		Yellow Category: 16.6 Kg/ANNUM		
			Red Category: 4.89 KG/ANNUM		
			White: 0.0 Kg/ANNUM		
			Blue Category: 1.0 KG/ANNUM		
			General Solid Waste:		
5	Details of the Storage, Treatment, Transporta	etails of the Storage, Treatment, Transportation, Processing and Disposal Facility			
BALLS.	(i) Details of the on-site storage		Size: Yellow Bin: 10/10" Red Bin10/10" Blue Bin:		

	facility		Capacity: Yellow Bin: 6 kg Red Bin 6 kg Blue Bin:					
				Provision of on-site storage: (Cold storage or any other provision)				
	(::)	Discount facilities		any other prov	ision)		0	
	(ii) Disposal facilities	Disposal facilities		Type of treatment equipment	No of Units	Capaci	SEA RECEIVED TO THE RESERVED OF	
				Incinerators			ated at CBMWTF	
				Plasma				
			Pyrolysis					
				Autoclaves				
				Microwave				
				Hydroclave				
				Shredder				
				Needle tip				
				cutter or				
				destroyer				
				Sharps				
				Encapsulation				
	-			or concrete				
				pit				
				Deep burial				
				pits				
				Chemical				
				disinfection:				
				Any other				
				treatment				
	(···)			equipment:				
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum		Red Category (like plastic, glass, etc.) NIL				
	(iv)	No. of Vehicles used for collection and transportation of	:	NA				
	(v) Details of incineration ash and		Ourantitus When					
	(v)	ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Quanti	10.	Where	
				Incineration	Genera		disposed	
				Ash				
				ETP Sludge				
	(vi)	Name of the Common Bio-		Lii Sidage				
		Medical Waste Treatment Facility Operator through which wastes are disposed of		M/s Bio Medical Waste Treatment Plant Pvt. Ltd. Distt. Pathankot.				
	(vii) List of member HCF not handed							
	17	over bio-medical waste.		NA				
6	Do you ha	ave bio-medical waste						
	managen minutes o	management committee? If yes, attach minutes of the meetings held during the reporting period		NA				

7	Details trainings conducted on BMW	NA NA		
	(i) Number of trainings conducted			
	on BMW Management			
	(ii) Number of personnel trained			
- Sa	(iii) Number of personnel trained at			
	the time of induction			
	(iv) Number of personnel not			
	undergone any training so far			
	(v) Whether standard manual for			
	training is available?			
8	Details of the accident occurred during the	NIL		
	year			
	(i) Number of Accidents occurred	NIL		
	(ii) Number of persons affected	NIL		
	(iii) Remedial Action taken (Please	NA		
	attach details if any)			
	(iv) Any Fatality occurred, details	NIL		
9	Are you meeting the standards of air			
	Pollution from the incinerator? How	NA		
	many times in last year could not met			
	the standards?			
	Details of Continuous online emission	NA		
	monitoring systems installed			
10	Liquid waste generated and treatment	NA		
	methods in place. How many times you			
	have not met the standards in a year?			
11	Is the disinfection method or			
	sterilization meeting the log 4	NA NA		
	standards? How many times you have not			
3	met the standards in a year?			
12	Any other relevant information	(Air Pollution Control Devices attached with		
		the Incinerator) NA		

Certified that the above report is for the period from	
01.	01.2024 to 31.12.2024
	1 Jers
	Name and Signature of the Head of the Institution
	18

Date: 30.04.2025

Place: ASRON