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.	Farticulars					
1	Particulars of the Occupier					
	(i) Name of the authorized person (occupier	-				
	or : operator of facility)	:	JUNYA YAMANISHI			
	(ii) Name of HCF or CBMWTF	1:	M/S SML Isuzu Ltd.			
	(iii) Address for Correspondence	1:	IVIIO OIVIL ISUZU LIQ.			
	(iv) Address of Facility	1:	Vill. Asron, S.B.S. Nagar			
	(v)Tel. No, Fax. No	1:	01881-270259			
	(vi) E-mail ID	1.	31001-210239			
	(vii) URL of Website	1.				
	(viii) GPS coordinates of HCF or CBMWTF	1:				
			(State Government D.			
	(ix) Ownership of HCF or CBMWTF		(State Government or Private or Semi Govt. or any other)			
	(x). Status of Authorization under the Bio-	1:	Authorisation No.:			
	Medical		BMW/Renewal/PRN/2004/450000			
	Waste (Management and Handling) Rules		BMW/Renewal/RPN/2021/15263322			
	(XI). Status of Consents under Water Act, and		Valid upto: Perpetuity			
	Air		vana upto.			
	Act					
	Type of Health Care Facility	:				
THE .	(i) Bedded Hospital	:	No. of Beds: NA			
	(ii) Non-bedded hospital					
			V			
	Clinical Laboratory or Research Institute or					
	veterinary Hospital or any other)					
	(iii) License number and its date of expiry	:				
	Details of CBMWTF	:	NA			
	(i) Number of health care facilities	:	IVA			
	covered by CBMWTF					
	(ii) No. of Beds covered by CBMWTF	:	Countries - 12 15 15 15 15 15 15 15 15 15 15 15 15 15			
	(iii) Installed treatment and disposal	:	NA Kg / day			
	capacity of CBMWTF;					
	(iv) Quantity of bio medical waste		NA Kg / day			
1	treated or disposed by CBMWTF		37.44			
	Quantity of waste generated or disposed in g per Annum (on monthly average basis)	:	Yellow Category: 7.115 Ka/ANNIIM			
1			Red Category: 7.115 Kg/ANNUM 5.295 KG/ANNUM			
			14/1 ··			
			Plus Cat			
-	Optoble of the Op		The regional visit of the region of the regi			
-	The storage, fredillelli, Iransportation Processing 15:					
	(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:				
	(ii) Disposal facilities			Provision of on-site storage: (Cold storage of any other provision)				
		, Disposar facilities		Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treatedo disposed in kg per annum	
				Incinerators	Collecte	d and treated	at CBMWTF	
				Plasma Pyrolysis Autoclaves				
				Microwave				
				Hydroclave			Egine	
				Shredder				
				Needle tip				
				cutter or				
				destroyer				
				Sharps				
				Encapsulation				
				or concrete				
				pit				
				Deep burial				
				pits				
				Chemical				
				disinfection:				
				Any other				
				treatment				
	(iii)	Quantity of recyclable wastes		equipment:				
		sold to authorized recyclers after treatment in Kg per annum	:	Red Category (I	ike plastic, glass, etc.)			
	(iv)	No. of Vehicles used for	:					
		collection and transportation of			NA			
	(v)	biomedical waste						
	(*)	Details of incineration ash and			Quantity	When	·e	
		ETP sludge generated and			Generate			
		disposed during the treatment of wastes in Kg per annum		Incineration	_			
				Ash				
W.	(vi)	Name of the Common Bio-		ETP Sludge				
		Medical Waste Treatment Facility						
		Operator through which wastes		M/S RAINBOW	M/S RAINBOW ENVIORMENTS PVT Li		td	
		are disposed of			Sector 74 A Village Balyali, Near T Sahibzada Ajit Singh Nagar		I Club,	
	(vii)	List of member HCF not handed			- Ingil Naga			
	over bio-medical waste.							
	Do you have bio-medical waste			NA				
	management committee? If yes, attach							
	minutes of the meetings held during the			NA				
8	reporting	period	17					

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

Certified that the above report is for the period from
01.01.2022 to 31.12.2022
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Name and Signature of the Head of the Institution

Date: 07.03.2023 Place: ASRON