## 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.					
	(i) Name of the authorised person (occupier or operator of facility)	) !	DR. S ARAVIND CHIEF MEDICAL OFFICER		
	(ii) Name of HCF or CBMWTF		Tamilnadu waste management Limited		
	(iii) Address for Correspondence	:	Aravind Eye Hospital Poonamallee High Rd, Noombal, Poonamallee Tk Pin - 600077 Aravind Eye Hospital Poonamallee High Rd, Noombal, Poonamallee Tk Pin - 600077 044 4095 6100		
	(iv) Address of Facility				
	(v)Tel. No, Fax. No	:			
	(vi) E-mail ID	) =	revathy.kannadhasan@aravind.org		
	(vii) URL of Website		www aravind org		
	(viii) GPS coordinates of HCF or CBMWTF		2 .		
	(ix) Ownership of HCF or CBMWTF	:			
	(x). Status of Authorization under the Bio-Medical	•	Authorization No		
	Waste (Management and Handling) Rules		21BAC32088900_valid up to		
			31.03, 2021		
	(xi) Status of Consents pader Water Act and Air	j	Valid up to: 31.03.2021 (Applied for renewal)		
2.	Type of Health Care Facility	:			
۷.	(i) Bedded Hospital	:	No. of Beds:750. Currently 150 bed in use.		
	(ii) Non-bedded hospital	:			
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		-		
ŀ	(iii) License number and its date of expiry		-		
- 1	Details of CBMWTF	:	NA		
+	(i) Number healthcare facilities covered by CBMWTF	:	NΛ		
	(ii) No of beds covered by CBMWTF	:	NA		
1	(iii) Installed treatment and disposal capacity of CBMWTF:	;	NA		

	(iv) Quantity of biomedical waste treated or by CBMWTF	-		;			NA		
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)			:	Yellow Category : 3,094 Kg				
					Red Ca	tegory		,392 Kg	
					White			IL	
					Blue Category		: 1,840 Kg		
_					General Solidan		-1 XIII		
5	Details of the Storage, treatment, transportation, processing and Disposal Facility								
	(i) Details of the on-site storage		ize		X 6 ft				
	facility	C	Capacity:						
		P	Provision of on-site storage						
	(ii) Details of the treatment or	Ty		Type of treatment		No	Cap	Quantity	
	disposal facilities		equipment		of	acit	treated		
					unit	y	or		
					S	Kg/	disposed		
							day	in kg	
	Ir							per	
								annum	
			Incinerators			NA			
		Pla		Plasma Pyrolysis			NA		
			Autoclaves			3			
			Microwave				1		
			Hydroclave			NA			
		S		Shredder			NA		
			Needle tip cutter or			r	.,.		
				destroyer			NA NA		
			Sha	rps			NΑ		
				10.0	tion or		NA		
			concrete pit				NA		
			Deep burial pits:			NA	\		
				emical	-				
			disinfection:				NA		
					r treatme	ent			
				ipme			N.	Α.	
	(iii) Quantity of recyclable wastes	:				plactic o			
	sold to authorized recyclers after		Red Category (like p			_	ass cit	-)	
						-			
	treatment in kg per annum.								
	(iv) No of vehicles used for collection	:				0			
	and transportation of biomedical					Outsourced			
	waste								
	(v) Details of incineration ash and					Quantity		Where	
	ETP sludge generated and disposed					generated	,	disposed	

	during the treatment of wastes in Kg per annum	Incineration -NA Ash -NA
1	2.72	ETP Sludge - NA
	(vi) Name of the Common Bio- Medical : Waste Treatment Facility Operator through which wastes are disposed of	Tamilnadu Waste Management Limited
	(vii) List of member HCF not handed	NA
6	over bio-medical waste.	
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	YES( minutes attached)
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	4
	(ii) number of personnel trained	
	(iii) number of personnel trained at	21
	the time of induction	All staffs
	(iv) number of personnel not undergone any training so far	NIL
	(v) whether standard manual for training is available?	YES
	(vi) any other information)	NIL
8	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred	NIL
	(ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	NIL
	(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	NA
-	the standards?  Details of Continuous online emission monitoring systems installed	NIL
10	4-1 and treatment	NA
11	year?  Is the disinfection method or sterilization meeting the log 4	The disinfection method meets the prescribed standard

	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	-
•			

Certified that the above report is for the period from January 2020 to December 2020

Aravind Eye Hospital, Noombal, Poonamallee Tk

Date: 8.5.2021 Place CHENNAS.