

Sent By
Council Secy

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		
	(i) Name of the authorised person (occupier or operator of facility)	:	Regional Director IVY Health Care Ltd
	(ii) Name of HCF or CBMWTF	:	IVY Hospital, Amritsar
	(iii) Address for Correspondence	:	Albert Road, Amritsar
	(iv) Address of Facility	:	11
	(v) Tel. No, Fax. No.	:	
	(vi) E-mail ID	:	0183-5242000
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	IVYHospital.com
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 60 Beds valid up to
	(xi) Status of Consents under Water Act and Air Act	:	Valid up to: 31/3/21
2.	Type of Health Care Facility	:	Multi Speciality Hospital
	(i) Bedded Hospital	:	No. of Beds: 60
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	A 16 ASR (To A4333878)
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	X Kg per day



	during the treatment of wastes in Kg per annum		Incineration
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Ash ETP Sludge/STP Sludge Remittor Emilia Cole
	(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 reporting period		—
7	Details trainings conducted on BMW		—
	(i) Number of trainings conducted on BMW Management.		Yes
	(ii) number of personnel trained		Yes
	(iii) number of personnel trained at the time of induction		20
	(iv) number of personnel not undergone any training so far		—
	(v) whether standard manual for training is available?		—
	(vi) any other information		Yes
8	Details of the accident occurred during the year		—
	(i) Number of Accidents occurred		—
	(ii) Number of the persons affected		—
	(iii) Remedial Action taken (Please attach details if any)		—
	(iv) Any Fatality occurred, details.		—
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		—
10	Liquid waste generated and treatment 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		—



	standards? How many times you have not met the standards in a year?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) X

Certified that the above report is for the period from

..... 1st January 2018 to 31 December 2018

Name and Signature of the Head of the Institution



Date: 6/2/19

Place Amritsar.

Bio Medical waste for 2018 Annual report				
Month	Yellow	Red	Blue Box	Sharp
January	577.98	746.01	487.03	28.15
Feburary	607.91	346.55	522.58	39.54
March	516.53	632.81	331.23	34.89
April	312.46	480.81	120.38	31.2
MAY	429.53	454.74	164.62	23.23
June	553.43	700.79	190.9	17.29
July	537.5	761.19	230.02	320.4
August	579.77	721.08	239.03	24.94
September	486.94	842.03	307.64	19.14
October	522.44	739.56	340.81	22.02
November	567.83	812.92	308.4	13.99
December	691.57	682.77	256.31	19.72
Total	6383.89	7921.26	3498.95	594.51

