

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 health care facility(HCF), or common bio-medical waste treatment facility (CBWTF)]

Return No : 66901180

Period : 2024-2025

1. Particulars of the Occupier	
(i) Name of the authorized person (Occupier or operator of facility):	RENI CHARLES
(ii) Name of HCF or CBMWTF:	RUHSA DEPARTMENTAL HOSPITAL
(iii) Address for Correspondence:	S.F.No.154,155/1,155/2,155/3,158, 131/2A & 128/2 PALAYAKRISHNAPURAM VILLAGE, K.V.KUPPAM TALUK, VELLORE DISTRICT
(iv) Address of Facility:	S.F.No.154,155/1,155/2,155/3,158, 131/2A & 128/2 PALAYAKRISHNAPURAM VILLAGE, K.V.KUPPAM TALUK, VELLORE DISTRICT
(v) Tel. No.:	9842764250
(vi) Fax. No.:	0416 - 2282035
(vii) E-mail ID:	environeng@cmcvellore.ac.in
(viii) URL of Website:	https://www.cmch-vellore.edu/
(ix) GPS coordinates of HCF of CBMWTF:	Latitude -12.951186048596501 N Decimal Degree , Longitude - 78.971947464393E Decimal Degree
(x) Ownership of HCF or CBMWTF:	Private
(xi) Status of Authorization under the BMW (Management and Handling) Rules:	Authorization No.: 23BAZ48307963 Valid Upto: 31/03/2025
(xii) Status of Consents under Water Act and Air Act.:	Valid Upto: 31/03/2035
2. Type of Health Care Facility	
HCF/CBMWTF Type:	HCF
(i) No. of Beds(for Bedded Hospital):	70.0
(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other):	00
(iii) Licence Number:	00
(iv) Licence date of expiry:	31/03/2035
3. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category: 4535 Red Category: 3090 White Category: 365 Blue Category: 543 General Solid Waste: 45625
4. Details of the Storage, Treatment, Transportation, Processing and Disposal Facility Details	
(i) Details of the on-site storage facility:	Size: 15 Capacity: 150 Provision of on-site storage: 6.0 M (L) X 2.5 M (W)

(ii) Disposal Facility:	<table border="1"> <tr> <th data-bbox="874 107 1008 275">Type of Treatment Equipment</th> <th data-bbox="1010 107 1145 275">Number of Units</th> <th data-bbox="1147 107 1283 275">Capacity(Kg/day)</th> <th data-bbox="1284 107 1420 275">Quantity Treated or Disposed(Kg/annum)</th> </tr> <tr> <td colspan="4" data-bbox="874 277 1420 320"><i>List is Empty</i></td> </tr> </table>	Type of Treatment Equipment	Number of Units	Capacity(Kg/day)	Quantity Treated or Disposed(Kg/annum)	<i>List is Empty</i>			
Type of Treatment Equipment	Number of Units	Capacity(Kg/day)	Quantity Treated or Disposed(Kg/annum)						
<i>List is Empty</i>									
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum:	0.0								
(iv) No of vehicles used for collection and transportation of BMW:	03								
(v) Details of incineration, ash and ETP sludge generated, disposal during the treatment of wastes in Kg per annum	<table border="1"> <tr> <th data-bbox="874 479 1054 544">Type of waste</th> <th data-bbox="1056 479 1236 544">Quantity Generated</th> <th data-bbox="1238 479 1420 544">Where disposal</th> </tr> <tr> <td colspan="3" data-bbox="874 546 1420 589"><i>List is Empty</i></td> </tr> </table>	Type of waste	Quantity Generated	Where disposal	<i>List is Empty</i>				
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<i>List is Empty</i>									
(vi) Name of the Common BMW Treatment Facility Operator through which wastes are disposed of:	<i>Ms. Ken Bio Link Pvt Ltd</i>								
5. Do you have BMW management committee:	<i>yes</i>								
details:	<i>Minutes of meeting enclosed</i>								
6. Training Conducted on BMW Details									
(i) Number of training conducted on BMW Management:	<i>14</i>								
(ii) Number of personnel trained:	<i>230</i>								
(iii) Number of personnel trained at the time of induction:	<i>85</i>								
(iv) Number of personnel not undergone any training so far:	<i>00</i>								
(v) Whether standard manual for training is available:	<i>yes</i>								
(vi) Any other information:	<i>Nil</i>								
7. Details of the accident occurred									
(i) No. of accident occurred:	<i>00</i>								
(ii) Number of the persons affected:	<i>00</i>								
(iii) Remedial Action taken:	<i>Nil</i>								
(iv) Any Fatality occurred, details:	<i>Nil</i>								
8. Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?:	<i>Incinerator not provided</i>								
Details of Continuous online emission monitoring systems installed:	<i>Not Applicable</i>								
9. Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year:	<i>Parameters are within the standards</i>								
10. Is the disinfection method or sterilization meeting the log for standards? How many times you have not met the standards in a year?:	<i>Parameters are within the standards</i>								
11. Any other relevant information:	<i>Nil</i>								

Name and Signature of the Head of the Institution

Date :17/04/2025

Place : *Vellore*