

Form – IV
(See rule13)
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	:	HOSPITAL
	(i) Name of the authorised person (occupier or : operator of facility)	:	DR G S GILL
	(ii) Name of HCF or CBMWTF	:	OXFORD HOSPITAL PVT LTD
	(iii) Address for Correspondence	:	305 LAJPAT NAGAR BHAGWAN MAHAVEER MARG JALANDHAR
	(iv) Address of Facility		305 LAJPAT NAGAR BHAGWAN MAHAVEER MARG JALANDHAR
	(v)Tel. No, Fax. No	:	0181-5080752
	(vi) E-mail ID	:	OXFORDHOSPITALPVTLTD@GMAIL.COM
	(vii) URL of Website		
	(viii) GPS coordinates of HCF or CBMWTF		RAINBOW ENVIROMENTS
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private <input checked="" type="checkbox"/> or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: ..BMW/Renewal/JAL/2018/7002120valid up to ..31/03/2021
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 30/06/21
2.	Type of Health Care Facility	:	HOSPITAL
	(i) Bedded Hospital	:	No. of Beds:..... 46
	(ii) Non-bedded hospital	:	

	Laborator (Clinic or Blood Bank or Clinical y or Research Institute or Veterinary Hospital or any other)		NA
	(iii) License number and its date of expiry		NA
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day NA
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 250 KG/ANNUM Red Category : 400 KG/ANNUM White: 22 KG/ANNUM Blue Category : 360 KG/ANNUM General Solid waste:
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on- site storage facility	:	Size : NA Capacity : NA Provision of on-site storage : (cold storage or any other provision)

	disposal facilities		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
			Incinerators 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.)			_____
	(iv) No of vehicles used for collection and transportation of biomedical waste	:				_____
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge	Quantity generated	Where disposed	_____ _____
	(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of					_____
	(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		YES			
7	Details trainings conducted on BMW					
	(i) Number of trainings conducted on BMW Management.		60			

	(ii) number of personnel trained		50
	(iii) number of personnel trained at the time of induction		50
	(iv) number of personnel not undergone any training so far		NIL
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		
8	Details of the accident occurred during the year		NIL
	(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		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
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from January 01, 2017 to December 31, 2017

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Name and Signature of the Head of the Institution

Date: 04/05/2018
Place JALANDHAR



DR G S GILL
MANAGING DIRECTOR