

Form - IV
(See rule 13)

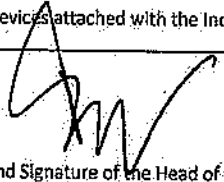
ANNUAL REPORT

[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 (CBMWTF)]

S. No.	Particulars				
	Particulars of the Occupier				
1	i	Name of the authorised person (occupier or operator of facility)	Mr. K.V Ramakrishnan		
	ii	Name of HCF or CBMWTF	General Motors India Pvt Ltd.		
	iii	Address for Correspondence	Plot No. A-16, MIDC, Phase II, Expansion, Near Floriculture Park, Taluka - Maval, Dist - Pune 411 507		
	iv	Address of Facility	Same as above		
	v	Tel. No, Fax- No	+91-2114-663422, +91-2114-663000		
	vi	E-mail ID	kv.ramakrishnan@gm.com		
	vii	URL of Website	http://www.chevrolet.co.in/		
	viii	GPS coordinates of HCF or CBMWTF	NL 18° 47' 18" EL 73° 41' 24"		
	ix	Ownership of HCF or CBMWTF	(State Government or Private or Semi-Govt. or any other) Company Owned		
	x	Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No.: MPCB/SROP-II/BMW-AUTH/604/16 DATED: 16/09/2016 valid up to 31/07/2019		
	xi	Status of Consents under Water Act and Air Act	Consent No: Format 1.0/BO/CAC-Cell/EIC No: PN-22174-14/CAC/CAC-4587; Valid up to: 30/09/2017		
2	Type of Health Care Facility				
	i	Bedded Hospital	Yes (Medical Center)		
	ii	Non-bedded hospital	No		
		(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	Day Care Center		
	iii	License number and its date of expiry.	-		
3	Details of CBMWTF		Not Applicable		
	i	Number healthcare facilities covered by CBMWTF	-		
	ii	No of beds covered by CBMWTF	-		
	iii	Installed treatment and disposal capacity of CBMWTF:	___ Kg per day		
	iv	Quantity of biomedical waste treated or disposed by CBMWTF	___ Kg/day		
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category:	As per Annexure 1		
		Red Category:			
		White:			
		Blue Category:			
		General Solid waste:			
Details of the Storage, treatment, transportation, processing and Disposal Facility: Not Applicable					
5	i	Details of the on-site storage facility			
		Size: -	Capacity: -		
(ii)	Disposal facilities	Provision of on-site storage (cold storage or any other Provision)			
		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.): Not Applicable, As all waste disposed to CBMWTSDF			
(iv)	No of vehicles used for collection and transportation of biomedical waste	Not Applicable, As transportation is in scope of CBMWTSDF			
(v)	Details of incineration ash and ETP sludge generated and	Quantity generated		Where disposed	
		Incineration	-	-	

	disposed during the treatment of wastes in Kg per annum	Ash	-	-
		ETP Sludge	-	-
(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	M/S. Life Secure Enterprises Inside the compound of MIMER Medical College, Talegaon Dhabade, Tal- Maval, Pune-410507		
(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	Not Applicable, as facility is having less than 30 beds.		
	Details trainings conducted on BMW			
7	(i) Number of trainings conducted on BMW Management.	1 (One)		
	(ii) Number of personnel trained	3 (Three)		
	(iii) Number of personnel trained at the time of induction	3 (Three)		
	(iv) Number of personnel not undergone any training so far	None		
	(v) whether standard manual for training is available?	Yes		
	(vi) any other information	None		
	Details of the accident occurred during the year			
8	(i) Number of Accidents occurred	Zero		
	(ii) Number of the persons affected	Zero		
	(iii) Remedial Action taken (Please attach details if any)	Not Applicable		
	(iv) Any Fatality occurred, details.	Not Applicable		
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Not Applicable		
	Details of Continuous online emission monitoring systems installed	Not Applicable		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Not Applicable		
11	is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Not Applicable		
12	Any other relevant information	(Air Pollution Control Device attached with the Incinerator): Not Applicable		

Certified that the above report is for the period from **Jan to Dec, 2016**


 Name and Signature of the Head of the Institution
K.V. Ramakrishnan

Date: **26 June 2017**
 Place: **Pune**