

Regional Office
Uttarakhand Pollution Control Board
 Irrigation Design Building Campus, Roorkee-247667 Distt. Haridwar (Uttarakhand)
 (Rule-13 of the BMW Management Rules, 2016)

Form IV
Annual Report
(January-December 2019)

(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)

S.N.	Particulars	
1.	Particulars of the Occupier	
	(i) Name of the authorized person (Occupier or operator of facility)	
	(ii) Name of the HCF or CBWTF	
	(iii) Address for Correspondence	
	(iv) Address of Facility	
	(v) Tel.No.,Fax,No	
	(vi) E-Mail ID	
	(vii) URL or Website	
	(viii) GPS Coordinates of HCF or CBWTF	
	(ix) Ownership of HCF or CBWTF:	(State Government or Private or Semi-Govt. or any other)
	(x) Status of Authorization under BMW(Management and Handling) Rules	Authorization No..... Valid upto
(xi) Status of Consents under Water Act and Air Act	Valid upto:	
2.	Type of Health Care Facility	
	(i) Bedded Hospital	No. of Beds:
	(ii) Non- bedded hospital (Clinic or Blood or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	
	iii- License number and its Date of Expiry	
3.	Detail of CBMWTF	
	(i) No. of Healthcare facilities covered by CBMWTF	
	(ii) No. of beds covered by CBMWTF	
	(iii) Installed treatment and disposal capacity of CBMWTFKg per day
	(iv) Quantity of Bio-Medical waste treated or disposed by CBMWTFKg per day
4.	Quantity of Waste Generated or disposed in Kg per annum (On month average basis)	(i) Yellow Category :
		(ii) Red Category :
		(iii) Blue Category :
		(iv) White Category :

		(v) General Solid Waste:
5.	Detail of the Storage, Treatment, transportation, Processing and Disposal Facility	
	(i) Details of the on-site storage facility	Size: Capacity: Provision of on-site storage: (Cold Storage or any other provision)
	(ii) Disposal facilities	Type of treatment Equipment: No. of Units Capacity Kg/Day Quantity treated or disposed in Kg/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 waste sold to authorized recyclers after treatment in Kg per annum.	Red Category (Like Plastic, Glass etc.)
	(iv) No of vehicles used for collection & transportation of biomedical waste	
	(v) Detail of incineration ash & ETP sludge generated & disposed during the treatment of waste in Kg annum	Incineration Quantity Where Ash ETP Generated Disposed Sludge.
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	
	(vii) List of member HCF not handed over Bio-medical waste treatment facility Operator through which wastes are disposed of	
6.	Do you have biomedical Waste management committee? If yes attach minutes of the meeting held during the reporting period	
7.	Details training conducted on BMW	
	(i) Number of training conducts on BMW Management	
	(ii) Number of Personnel trained	
	(iii) Number of Personnel trained at the time of induction	
	(iv) Number of Personnel not	

	undergone any training so far	
	(v) Whether standard manual for training is available	
	(vi) Any other information	
8.	Details of the accident occurred during the year	
	Number of Accident occurred	
	Number of the Person Affected	
	Remedial Action taken (Please attach details if any	
	Any Fatality Occurred ,details	
9.	Are you meeting the standards of air Pollution from the incinerator? How many time in last year could not met the standards?	
	Details of Continuous online emission monitoring systems installed	
10.	Liquid waste generated & 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 in a year? 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)

Certified that the above report is for the period from January to December, 2019.

Date:
Place:

**Name and Sign of the
Head of Head of the Institution**