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)]

SI. No.	Particulars		147244-02101
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)		Dis Health Carre
	(ii) Name of HCF or CBMWTF	_	0.4.11.15.4
1	(iii) Address for Correspondence	1:	D.S Health Carse
-		1:	Mominabad Assafil
	(iv) Address of Facility		Mominabad Ashafi proce
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	dshealth carreans a
	(vii) URL of Website		www.dshealthcare.in
	(viii) GPS coordinates of HCF or CBMWTF		33.705827, 75.15502
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
- 44	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation Fosse. No.:
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
1	Type of Health Care Facility	:	Hochital
(i) Bedded Hospital	:	No. of Beds:
(ii) Non-bedded hospital	:	No. 01 Beds 50.
R	Clinic or Blood Bank or Clinical Laboratory or esearch Institute or Veterinary Hospital or any ther)		
(i	ii) License number and its date of expiry		KHCS/24/1108
	etails of CBMWTF	:	1,100
CI	Number healthcare facilities covered by SMWTF	:	
12	No of beds covered by CBMWTF	:	. 50
(iii) Installed treatment and disposal capacity of BMWTF:	:	1514-LD Kg per day

by C	Quantity of biomedical waste treate BMWTF	ed or d	isposed :	6.38K	.g/day		
Quar	ntity of waste generated or dispos m (on monthly average basis)	sed in	Kg per :	Red Cat White: Blue Ca	Category egory : tegory : Solid wa	7	904.7 97.16 34.1 467 420.6
Deta	Details of the Storage, treatment, transportation, processing and Disposal Facility						
35.00	(i) Details of the on-site storage facility		Size :	12	X 20	Fee	t
Iacili			Capacity:		2400		
			Provision of any other pro		Maria and the second se		d storage or
	Details of the treatment or osal facilities		Incinerator Plasma Py Autoclave Microwav Hydroclav Shredder Weedle tip destroyer Sharps encapsulat eoncrete p Deep buric Chemical disinfectio Any other	rs rolysis s e e cutter or tion or it al pits:	No of unit s	Cap acit y Kg/ day	Quantity treatedo r disposed in kg per annum
sold treatm (iv) N	Quantity of recyclable wastes to authorized recyclers after ent in kg per annum. o of vehicles used for collection transportation of biomedical	:	Red Categor	y (like pla			ealthca Lassif
waste	dansportation of biomedical			1			
(v) D	etails of incineration ash and			Oua	ntity	W	here
ETP s	ludge generated and disposed				erated		sposed

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	System Lassipora Pulwama
	(vii) List of member HCF not handed over bio-medical waste.	None
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	No
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	15
	(ii) number of personnel trained	12
	(iii) number of personnel trained at the time of induction	5
	(iv) number of personnel not undergone any training so far	7
	(v) whether standard manual for training is available?	Yes
H	(vi) any other information)	None
1	Details of the accident occurred during the year	None
	(i) Number of Accidents occurred	0
	(ii) Number of the persons affected	0
	(iii) Remedial Action taken (Please attach details if any)	0
	(iv) Any Fatality occurred, details.	
). I	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Yes
	Details of Continuous online emission nonitoring systems installed	No
0 L	iquid waste generated and treatment nethods in place. How many times ou have not met the standards in a ear?	Yes, None
l Is		Yes

	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)

certified that the above report is for	or the period from

01, 510,00 2,02 3	D 01 004 2423
	to 31, Dec-2023

Name and Signature of the Head of the Institution

Date: 10/6/24
Place Anantual

Mominabad Anantnag