Form - IV 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 | | | |
|------------|--|---|---|--|
| 1. | Particulars of the Occupier | : | | |
| | (i) Name of the authorised person (occupier or operator of facility) | ; | Dr.Patil K.B Dean,SKNMC&GH | |
| | (ii) Name of HCF or CBMWTF | | PASSCO Environmental solutions Pvt Ltd | |
| | (iii) Address for Correspondence | : | Erandwane Pune | |
| | (iv) Address of Facility | : | Erandwane Pune | |
| | (v)Tel. No, Fax. No | : | 02025467096 | |
| | (vi) E-mail ID | : | helpdesk@passco.in | |
| | (vii) URL of Website | : | www.passco.in | |
| | (viii) GPS coordinates of HCF or CBMWTF | : | | |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other) STATE GOVERNMENT | |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : | Authorisation No.: MPCB No: format1./BO/UAN no.57006/CAC-1908000415 valid up to 30.09.2023 | |
| | (xi). Status of Consents under Water Act and Air Act | 1 | Valid up to: 30.09.2023 | |
| 2. | Type of Health Care Facility | : | | |
| | (i) Bedded Hospital | : | No. of Beds: 1200 nos | |
| | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | BLOOD BANK | |
| | (iii) License number and its date of expiry | | PD/44 DOE:06.02.2028 | |
| | 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 | |

| a | Quantity of biomedical waste ated or disposed by CBMWTF | : | Kg/d | ay | | | |
|--|---|----|---|-------------------|---------------------|---|--|
| sp or | antity of waste generated or posed in Kg per annum (on onthly average basis) ON COVID BIOMEDICAL ASTE | | Yellow category: 2412.219083 kg | | | | |
| | | | Red category: 1176.339625 kg | | | | |
| | | | White: 19.99791667 | kg | | | |
| | | | Blue categor 5.0375kg | | | | |
| | | | General solid waste:3600 kg | | | | |
| | antity of waste generated or posed in Kg per annum (on | | Yellow categ | gory: 37 . | .06916667 k | g | |
| or | onthly average basis) OVID BIOMEDICAL ASTE | | Red category: 25.48458333 kg | | | | |
| | | | White: 0.1225 kg Blue category: 0.23125 kg | | | | |
| | | | | | | | |
| Details of the Storage, treatment, transportation, processing and Disposal Facility - NA | | | | | | | |
| (i) Details of the on-site storage : facility | | - | Size: | | | | |
| | | 7- | Capacity: | | | | |
| | | | Provision of on-site storage : (cold storage or any other provision) NA | | | | |
| sp | posal 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 - NA Sharps encapsulation or concrete pit - Deep burial pits: Chemical disinfection: - NA Any other treatment equipment | | | | |
| i) |) Quantity of recyclable | : | Red Category (like plastic, glass etc.) - NA | | | | |
| i) |) Quantity of recyclable | : | Any | other tre | other treatment | other treatment equipment | |

| | wastes sold to authorized recyclers after treatment in kg per annum. | | | |
|----|--|---|---|--|
| | (iv) No of vehicles used for collection and transportation of biomedical waste | : | NA | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | : | Quantity generated Where disposed Incineration Ash ETP Sludge- NA | |
| | (vi) Name of the Common BioMedical Waste Treatment Facility Operator through which wastes are disposed of | | NA | |
| | (vii) List of member HCF not handed over bio-medical waste. | | NA | |
| 6. | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period | | YES. Minutes of BMWC meeting attached separately. | |
| 7. | Details trainings conducted on BMW | | | |
| | (i) Number of trainings conducted on BMW Management | | 12 | |
| | (ii) number of personnel trained | | 1888 | |
| | (iii) number of personnel trained at the time of induction | | 168 | |
| | (iv) number of personnel not undergone any training so far | | • | |
| | (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 | | NIL | |
| | (ii) Number of the persons affected | | NIL | |
| | (iii) Remedial Action taken (Please attach details if any) | | NIL | |
| | (iv) Any Fatality occurred, details. | | NIL | |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in | | NA | |

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| | last year could not met the standards? | | |
|-----|---|---|--|
| | 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? | | NIL |
| 12. | Any other relevant information | : | (Air Pollution Control Devices attached with the Incinerator) NA |

Certified that the above report is for the period from: 01.01.2022 to 31.12.2022

Name and Signature of the Head of the Institution

Dr.K.B. PATIL Dean

DEAN Smt. Kashibai Navale Medical College & General Hospital

SKNMC& GHarhe, Pune - 411 041.

Date: 05.07.2023

Place: PUNE