

**Form-II**  
(See Rule 13)  
Annual Report

*(for month of February 2018)*

(To be submitted to the prescribed authority in or before 31<sup>st</sup> January every year for the period from January to December of the preceding year by the Health Care Facility or Health Care Establishment i.e. Occupier)

Sr. No.	Particulars	
1.	Particulars of the Occupier:	
	(i) Name of the authorized person (Occupier)	: DR. YAMINI
	(ii) Name of the institution	: Shaheed Hasan Khan Mewati, Govt
	(iii) Address	: Medical College, Nalhar Mewati, Mayana
	(iv) Tel. No. Fax No.	: 01267-282001
	(v) Email ID	: director.gmc.mewat@gmail.com
	(vi) Ownership of the Health Care Facility	: (State Government of Private or Semi Govt. or any other) GOVT.
	(vii) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	: Authorization No. BMW18GSMW3940906 Valid Upto. 30/9/18.
	(viii) Status of Consents under Water Act and Air Act.	: Valid Upto. 01/10/17 - 30/9/18
2.	Type of Health Care Facility:	
	(i) Bedded Hospital	: No. Of Beds. 500
	(ii) Non-Bedded Hospital	: Clinic/Blood bank or Laboratory or Veterinary Hospital or any other.
	(iii) License number and its date of expiry.	: Government Hospital
3.	Categories of Bio-Medical Waste Generated (Please indicate category as per the Schedule)	: Category 1-10
4.	Quantity of waste generated in KG or Tones per annum (on monthly average basis)	: Yellow Category 663kg
		: Red Category 200kg
		: White Category -
		: Blue Category 2853kg
5.	Additional Details:	
	(i) Brief details of the on-site storage facility	: Size: } Stored in BMW temporary Capacity: } storage area of hospital Provision of in-site storage: (cold storage or any other provision)
	(ii) Brief details of the on-site treatment facilities	: Incineration (Yes/No) } Outsourced to HSPCB Autoclaving (Yes/No) } approved CRAWTF Microwaving (Yes/No) Shedding (Yes/No) Needle destroyer cutter (Yes/No) Needle Destroyer..... Nos. 11 Needle Cutter..... Nos. 21010 Liquid Waste Effluent Treatment Plant (Yes/No)

	(iii) Installed capacity of on-site treatment facility	:	Incineration.....Kg/Hr.
			Autoclaving.....Kg/Batch.
			Microwaving.....Kg/Batch.
			Shredding.....Kg/Batch. NA
			Liquid Waste Effluent Treatment Plant..... In KL.
	(iv) Actual quantity of wastes treated in Kg or Tons per annum (on monthly average basis) at on site waste treatment facility	:	Incineration.....
			Autoclaving..... NA
			Microwaving.....
			Shredding.....
			Liquid Waste Treatment..... In KL. Red Category (like plastic, glass etc.)
	(v) Actual Quantity of recyclable waste sold to authorized recyclers after treatment in Kg or Tons per annum (on monthly average basis).	:	Red Category (like plastic, glass etc.)  NA
	(vi) Actual Quantity of waste disposed through common Facility operator in Kg or Tons per annum (on monthly average basis)	:	Yellow Category: Red Category: Blue Category: White Category: NA
	(a) Name of the Common Bio-Medical Waste Treatment Facility operator through which wastes are disposed off	:	MR. RAMAN Golden Eagle Waste Management Cooperation.
	(b) Name and address of the Treatment facility with Telephone, Fax and E-mail ID	:	VPO Jasana, Tigon Road, Distt Faridabad 12102 (HR) 0129-400987
	(vii) Mode of Transportation of wastes to the Common Treatment Facility.	:	By road vehicle with biohazard symbol.
6.	Any other relevant information	:	(pl. attach schematic diagram of liquid waste effluent treatment plant, Air Pollution Control Devices attached with the Incinerator)
7.	Certified that the above report is for the period from <u>February 1<sup>st</sup> 2018 to 28<sup>th</sup> February 2018</u>		

*[Signature]*  
13/2/18

Name and Signature of the Head of the Institution

Date:

Place:

## Form-II

(See Rule 13)  
Annual Report

(For month of January 2018)

(To be submitted to the prescribed authority in or before 31<sup>st</sup> January every year for the period from January to December of the preceding year by the Health Care Facility or Health Care Establishment i.e. Occupier)

Sr. No.	Particulars	
1.	Particulars of the Occupier:	
	(i) Name of the authorized person (Occupier)	: Dr. Yamini
	(ii) Name of the institution	: Shaheed Hasan Khan Meewati, GMC, Nalhar
	(iii) Address	: Nalhar, Meewat, Haryana
	(iv) Tel. No. Fax No.	: 01267-282007
	(v) Email ID	: director.gmc.meewat@gmail.com
	(vi) Ownership of the Health Care Facility	: (State Government of Private or Semi Govt. or any other) GOVT.
	(vii) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	: Authorization No. BMW18GSMW3940906 Valid Upto. 30/9/18
	(viii) Status of Consents under Water Act and Air Act.	: Valid Upto. 01/10/2017 - 30/09/2018.
2.	Type of Health Care Facility:	
	(i) Bedded Hospital	: No. Of Beds. 500
	(ii) Non-Bedded Hospital	: Clinic/Blood bank or Laboratory or Veterinary Hospital or any other.
	(iii) License number and its date of expiry.	: Government hospital
3.	Categories of Bio-Medical Waste Generated (Please indicate category as per the Schedule)	: Category 1-10
4.	Quantity of waste generated in KG or Tones per annum (on monthly average basis)	: Yellow Category → 1003 kg
		: Red Category → 3576 kg
		: White Category → Not applicable
		: Blue Category → 1931 kg
5.	Additional Details:	
	(i) Brief details of the on-site storage facility	: Size: } stored in BMW temporary Capacity: } storage area of hospital Provision of in-site storage: (cold storage or any other provision)
	(ii) Brief details of the on-site treatment facilities	: Incineration (Yes/No) } outsourced to HSEB Autoclaving (Yes/No) } approved CBMTF Microwaving (Yes/No) } Shedding (Yes/No) } Needle destroyer cutter (Yes/No) } NA Needle Destroyer..... Nos. Needle Cutter..... Nos: 1/ward 2/old Liquid Waste Effluent Treatment Plant (Yes/No)

(iii)	Installed capacity of on-site treatment facility	:	Incineration.....Kg/Hr.
			Autoclaving.....Kg/Batch.
			Microwaving.....Kg/Batch. NA
			Shredding.....Kg/Batch.
			Liquid Waste Effluent Treatment Plant..... In KL.
(iv)	Actual quantity of wastes treated in Kg or Tons per annum (on monthly average basis) at on site waste treatment facility	:	Incineration.....
			Autoclaving.....
			Microwaving..... NA
			Shredding.....
			Liquid Waste Treatment..... In KL.
(v)	Actual Quantity of recyclable waste sold to authorized recyclers after treatment in Kg or Tons per annum (on monthly average basis).	:	Red Category (like plastic, glass etc.)
(vi)	Actual Quantity of waste disposed through common Facility operator in Kg or Tons per annum (on monthly average basis)	:	Yellow Category: NA
			Red Category:
			Blue Category:
			White Category:
	(a) Name of the Common Bio-Medical Waste Treatment Facility operator through which wastes are disposed off	:	Mr RAMAN Golden Eagle Waste Management Co.
	(b) Name and address of the Treatment facility with Telephone, Fax and E-mail ID	:	VPO Tasana, Tigaon Road, Distt- Faridkot, 12 No 2 (HR) 0129-46987
	(vii) Mode of Transportation of wastes to the Common Treatment Facility.	:	By Road Vehicle with Biohazard symbol.
6.	Any other relevant information	:	(pl. attach schematic diagram of liquid waste effluent treatment plant, Air Pollution Control Devices attached with the Incinerator)
7.	Certified that the above report is for the period from 1st January 2018 to 31st January 2018.		

*[Handwritten Signature]*  
12/1/18

Name and Signature of the Head of the Institution

Date:

Place: