Form – IV (See rule 13)

ANNUAL REPORT

[Period from 01.01.2022 to 31.12.2022]

[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 authorized person (occupier or : operator of facility)	:	Parry Agro Industries Limited, Sheikalmudi Garden Hospital
	(ii) Name of HCF or CBMWTF	:	Parry Agro Industries Limited, Sheikalmudi Garden Hospital
	(iii) Address for Correspondence	:	Parry Agro Industries Limited, Sheikalmudi Garden Hospital, Murugalli Estate, Murugalli Bazaar post, Anamallai Kundrugal, Valparai Taluk, Coimbatore District – 642125.
	(iv) Address of Facility	:	-do-
	(v)Tel. No, Fax. No	:	Hospital Mobile No. 7639844642
	(vi) E-mail ID	:	skmgh@pai.murugappa.com
	(vii) URL of Website	:	-
	(viii) GPS coordinates of HCF or CBMWTF	:	-
	(ix) Ownership of HCF or CBMWTF	:	Parry Agro Industries Limited
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	BMW Authorisation No.: 21BAD40058754, dated : 25.07.2021, Valid upto: 31.03.2029
	(xi). Status of Consents under Water Act and Air Act	:	 Air Consent No. 2105239910599, dated: 17.07.2021, Valid upto: 31.03.2029. Water Consent No. 2105139910599, dated: 17.07.2021, Valid upto: 31.03.2029
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 15 nos.
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	N.A
	(iii) License number and its date of expiry	1:	-
3	Details of CBMWTF	1:	
	(i) Number of health care facilities covered by CBMWTF	:	N.A
	(ii) No. of Beds covered by CBMWTF	:	N.A
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	N.A

	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	N.A		
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 112 5 / year		
			Red Category: 75 / year		
			White: NIL /year		
			Blue Category: 85 / year		
			General Solid Waste: 32 / year		
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility				
	(i) Details of the on-site storage	:	Size: N.A		

	facility			Capacity: N.A Provision of on-site storage: (Cold storage or any other provision)				
	(ii)	Disposal facilities		Type of treatment equipment	No of Units	Capacit Kg/day	annum	
				Incinerators	N.A	N.A	N.A	
				Plasma Pyrolysis	N.A	N.A	N.A	
				Autoclaves	N.A	N.A	N.A	
				Microwave	N.A	N.A	N.A	
				Hydroclave	N.A	N.A	N.A	
				Shredder	N.A	N.A	N.A	
				Needle tip cutter or destroyer	N.A	N.A	N.A	
				Sharps	N.A	N.A	N.A	
				Encapsulation or concrete pit	N.A	N.A	N.A	
				Deep burial pits	N.A	N.A	N.A	
				Chemical disinfection:	N.A	N.A	N.A	
				Any other treatment equipment:	N.A	N.A	N.A	
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:		N.	А		
	(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:		N.A			
	(v) Details of incineration ash and ETP sludge generated and			Quantity Where Generated disposed		Where disposed		
		disposed during the treatment of		Incineration	N	.A	N.A	
	wastes in Kg per annum		Ash		.A	N.A		
			****	ETP Sludge	1	.А	N.A	
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of		M/s. Teknotherm Industries, 183/1A,Orattukuppai village, Chettipalayam Po, Coimbatore South Tk, Coimbatore District. Pin: 641 201.				

7	Details trainings conducted on BMW				
	(i) Number of trainings conducted on BMW Management	2			
	(ii) Number of personnel trained	7			
	(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?	YES			
8	Details of the accident occurred during the year				
	(i) Number of Accidents occurred	NIL			
	(ii) Number of 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 last year could not met the standards?	NA			
	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?	Yes. Met standards			
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 Nead of the Institution

Date: 31.01.2023

Place: Sheikalmudi Garden Hospital