	(iv) Quantity of biomedical waste treated by CBMWTF			:	K	g/day			
4.	Quantity of waste generated or dispos	ad:	**			· ·			
	annum (on monthly average basis)			:	Yellow (	Category	<i>'</i> :	7.06	
					Red Cate	egory :	6.	O ky	
				White:		2.0	ng.		
					Blue Cat		3.	h	
5	Details of the Storage, treatment, transport	n proces	ei.	General	Solid wa	aste:	8kg.		
	on-site storage	Size	sing a	nd Dispos	al Facili	ity	,		
	facility								
			Capacit						
			Provisio	on of	on-site s	torage	: (col	d storage o	
	(ii) Details of the treatment or :			any other provision)					
	disposal facilities	:			atment	No	Cap	Quantity	
			equip	ment		of	acit	treatedo	
						unit	У	r	
		:				S	Kg/	disposed	
							day	in kg	
								per	
			Incine	erot or				annum	
			Incinerators Plasma Pyrolysis						
			Autoclaves						
			Microwave Hydroclave						
			Shredder Needle tip cutter or						
			destroyer						
			Sharp	•					
			encap		on or		_		
			concre						
			Deep	-					
			Chem						
			disinfection:				-		
			Any o	ther ti	reatment				
			equipment:						
	ii) Quantity of recyclable wastes :	1	Red Category (like plastic, glass etc.)						
sold to authorized recyclers after									
	eatment in kg per annum.								
(iv	v) No of vehicles used for collection :		ON	161	VENICE	-6			
an	nd transportation of biomedical		ONFUTUCLE						
Wa	aste		C CWM CO.						
(v)	) Details of incineration ash and				Quant	ity	Wh	ere	
ET	TP sludge generated and disposed				genera	ted	disr	osed	

	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	
	(vii) List of member HCF not handed over bio-medical waste.	
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	Yes
7	Details trainings conducted on BMW  (i) Number of trainings conducted on BMW Management.	
	(ii) number of personnel trained (iii) number of personnel trained at the time of induction	03
	(iv) number of personnel not undergone any training so far (v) whether standard manual for	
	training is available? (vi) any other information)	40
8	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred (ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	
9.	(iv) Any Fatality occurred, details.  Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	
	Details of Continuous online emission monitoring systems installed	ETP
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	ETP- TUNTIONAL
11	Is the disinfection method or sterilization meeting the log 4	

	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 the period from	0/01/2024 6 31/12/202
Date: 31/12/1029 Place BAMANUMA	Name and Signature of the Head of the Institution

## (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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.	Particulars		
No.			
1.	Particulars of the Occupier	:	A1505 1150
	(i) Name of the authorised person (occupier or	:	ALTAF HOSPITAL
	operator of facility)		BILQUES ALTAF
	(ii) Name of HCF or CBMWTF	:	CLEAN CITY MEDICAL WASTE
	(iii) Address for Correspondence	:	Swasup Laje.
	(iv) Address of Facility		Sumarbuga Lasian
	(v)Tel. No, Fax. No	:	34.114.
	(vi) E-mail ID	:	altathospital@yahoo.com
	(vii) URL of Website		1
	(viii) GPS coordinates of HCF or CBMWTF		-
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical	:	Authorisation No.:
	Waste (Management and Handling) Rules		valid up to
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	Beded
2.	* -	:	No. of Beds: 2 O
	(i) Bedded Hospital	+-	20
	(ii) Non-bedded hospital		
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any		
-	other) (iii) License number and its date of expiry		29 01 2025
		1:	
3.	Details of CBMWTF  (1) Number healthcare facilities covered by		
	CBMWTF	,	
	(ii) No of beds covered by CBMWTF	:	V = nor dov
	(iii) Installed treatment and disposal capacity of CBMWTF:	`   :	Kg per day