

D. Planning 4AO

GOVT. MEDICAL COLLEGE AND ASSOCIATED HOSPITAL, KATHUA

NATIONAL HIGHWAY, KALIBARI KATHUA (J&K)

REGISTRATION NO. :

BIO MEDICAL WASTE REGISTER

1 December to 31 Dec 2024

03.01.25

QUANTITY OF BMW GENERATED (IN KG) COLOR CODING AND CATEGORY

AD 10/1/25

S.NO.	MONTH	YELLOW (1)	RED(2)	WHITE (3)	BLUE(4)	TOTAL
1	December 2024	1413.65	1427.79	18.1	419.58	3279.12

Rajani
(Rajani Kumari)
I/c BMW
GMC Kathua

Medical Superintendent, A.H.
A.H GMC Kathua

GOVT. MEDICAL COLLEGE
RECEIVED
No. 5130
Date 03.01.25
KATHUA

AD & DD, Planning

Sky
03.01.25
AD (P)
4/01/25

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 (CBMWF)]

Sl No.	Particulars	
1	Particulars of the Occupier	
	(i) Name of the authorised person (occupier or operator of facility)	Med. Supt AHG m.c Kathua
	(ii) Name of HCF or CBMWF	Mrs Sangeeta Agarwal
	(iii) Address for Correspondence	m/s Anmol Health Care
	(iv) Address of Facility	m/s Anmol Health Care
	(v) Tel. No, Fax. No	Associated Hospital m.c Kathua
	(vi) E-mail ID	
	(vii) URL of Website	Med. Supt ahkt @ gmail.com
	(viii) GPS coordinates of HCF or CBMWF	
	(ix) Ownership of HCF or CBMWF	(State Government or Private or Semi Govt. or any other)
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No. Under process valid up to
(xi) Status of Consents under Water Act and Air Act	Valid up to: Dated of Issue -> 30/07/2024 upto one year	
2	Type of Health Care Facility	
	(i) Bedded Hospital	No. of Beds..... 500
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	N/A
3	(iii) License number and its date of expiry	
	Details of CBMWF	
	(i) Number healthcare facilities covered by CBMWF	
	(ii) No of beds covered by CBMWF	
	(iii) Installed treatment and disposal capacity of CBMWF	Kg per day
(iv) Quantity of biomedical waste treated in	Kg/day	



	disposed by CBMWTF																																																		
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) <i>Total weight → 34826 kg 403 gm</i>	:	Yellow Category: 6889 477 Red Category: 15918 kg 74 gm White: 279 kg 773 gm Blue Category: 5685 413 General Solid waste: 62870 kg																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size: C, 10 ft Capacity Provision of on-site storage: (cold storage or any other provision)																																																
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of unit</th> <th>Capacity Kg/day</th> <th>Quantity Treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td></td><td></td></tr> <tr><td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr> <tr><td>Autoclaves</td><td></td><td></td><td></td></tr> <tr><td>Microwave</td><td></td><td></td><td></td></tr> <tr><td>Hydroclave</td><td></td><td></td><td></td></tr> <tr><td>Shredder</td><td></td><td></td><td></td></tr> <tr><td>Needle tip collector or destroyer</td><td></td><td></td><td></td></tr> <tr><td>Sharps incapsulation or concrete pit</td><td></td><td></td><td></td></tr> <tr><td>Deep burial pit</td><td></td><td></td><td></td></tr> <tr><td>Chemical disinfection</td><td></td><td></td><td></td></tr> <tr><td>Any other treatment equipment</td><td></td><td></td><td></td></tr> </tbody> </table>	Type of treatment equipment	No of unit	Capacity Kg/day	Quantity Treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves				Microwave				Hydroclave				Shredder				Needle tip collector or destroyer				Sharps incapsulation or concrete pit				Deep burial pit				Chemical disinfection				Any other treatment equipment			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum	:	Red Category (like plastic, glass etc.)																																																

aw - source

	(iv) No of vehicles used for collection and transportation of biomedical waste		out - Source	
	(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	
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Animal Health Care	
	(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.		7 times	
	(ii) number of personnel trained		250	
	(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	
	(vi) any other information			
8	Details of the accident occurred during the year			
	(i) Number of Accidents occurred		Nil	
	(ii) Number of the persons affected		Nil	
	(iii) Remedial Action taken (Please attach details if any)			
	(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 me the standards?		N/A	
	Details of Continuous online emission		yes	

	monitoring systems installed	yes
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	yes
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
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

1st Jan 2024 to 31 Dec 2024

No:- 5088

dt:- 02-01-2025

Date:

Place

Associated Hospital

G.M.C Kathua

Name and Signature of the Head of the Institution



Rajani Kumari
g/c B.M.W