

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 (CBWTF)]

Sl. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)	:	Dr. Jenene Jayanth
	(ii) Name of HCF or CBMWTF	:	CSI. Kalyani General Hospital.
	(iii) Address for Correspondence	:	15: S.F.No: 1738/1, 1738/2, 1738/3
	(iv) Address of Facility	:	Dr. Radhakrishnan Salai, Mylapore, CH-04
	(v) Tel. No, Fax. No	:	044 - 28474141
	(vi) E-mail ID	:	csikalyanihospital@rocketmail.com
	(vii) URL of Website	:	WWW. csikalyanihospital.com
	(viii) GPS coordinates of HCF or CBMWTF	:	13.043367N; 80.269822E
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) Trust Hospital
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 25BAZ51998004 dt. 14/3/2025 Valid upto: 31/03/2024.
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto:
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 220
	(ii) Non-bedded hospital	:	NA
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	NA
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	_____ Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	_____ Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 9329.5 (26 kg/day) Red Category: 1067A.1 (29 kg/day) White: 244.5 (0.7 kg/day) Blue Category: 1538.8 (4.2 kg/day) General Solid Waste: -
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	
	(i) Details of the on-site storage	:	Size: Dedicated storage room

	facility		Capacity: <i>500 kg</i>	
			Provision of on-site storage : (Cold storage or any other provision) <i>NO cold storage</i>	
	(ii) Disposal facilities			Quantity Treated or disposed in kg per annum
			Type of treatment equipment	No of Units
			Capacity Kg/day	
			Incinerators	-
			Plasma Pyrolysis	-
			Autoclaves	<i>2</i>
			Microwave	-
			Hydroclave	-
			Shredder	-
			Needle tip cutter or destroyer	<i>5</i>
			Sharps	
			Encapsulation or concrete pit	<i>NA</i>
			Deep burial pits	<i>NA</i>
			Chemical disinfection:	<i>ETP STP</i>
			Any other treatment equipment:	-
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.) <i>Dose not arise</i>	
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	<i>NA</i>	
	(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		<i>G.S. Multiclave</i>	
	(vii) List of member HCF not handed over bio-medical waste.		<i>NA</i>	
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		<i>Yes.</i>	

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		6
	(ii) Number of personnel trained		10
	(iii) Number of personnel trained at the time of induction		2
	(iv) Number of personnel not undergone any training so far		NIL
	(v) Whether standard manual for training is available?		Yes
8	Details of the accident occurred during the year		No accident Occured
	(i) Number of Accidents occurred		NA
	(ii) Number of persons affected		NA
	(iii) Remedial Action taken (Please attach details if any)		NA
	(iv) Any Fatality occurred, details		NA
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		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Discharge Standards have been achieved through the year as per consent condition.
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NA
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator) NA.

Certified that the above report is for the period from

January 2024 to December 2024.



Name and Signature of the Head of the Institution

Date:

Place:

Dr.R.SHEBA RATNAKUMARI MBBS., DA., DNB., (Anaes)
 MEDICAL DIRECTOR
 C.S.I.KALYANI GENERAL HOSPITAL
 MYLAPORE, CHENNAI - 600 004.

**CSI. KALYANI GENERAL HOSPITAL****BIO MEDICAL WASTE CONSOLIDATE REPORT - 2024**

MONTHS	RED	YELLOW	WHITE/SHARP CONTAINER	BLUE	TOTAL
JANUARY	626.9	707.2	16	155	1505.1
FEBRUARY	683.2	634	13.1	139.7	1470
MARCH	825.6	755.9	19	133	1733.5
APRIL	1040.9	897.5	4	116.5	2058.9
MAY	847.1	753.5	26.4	120.2	1747.2
JUNE	899.6	714.8	26.4	141.7	1782.5
JULY	1069.4	844.9	32	143	2089.3
AUGUST	1028.5	987.4	35.2	111.8	2162.9
SEPTEMBER	1010.9	872.5	5	130	2018.4
OCTOBER	847.8	715.6	16	114.3	1693.7
NOVEMBER	890.1	713.2	27	116.2	1746.5
DECEMBER	904.1	733	24.4	117.4	1781.9
TOTAL	10674.1	9329.5	244.5	1538.8	21789.9

NURSING SUPERINTENDENT