## ANNUAL REPORT (2016)

[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)]

| Sr No: | Particulars |  |
| :---: | :--- | :--- |
| $\mathbf{1}$. | Particulars of the Occupier | Sushil Kumar Kharkwal |
|  | (i) Name of the authorized person : | M\s. P.I. Industries |
|  | (ii) Name of HCF or CBWTF : | Plot no.3133-3319,3231-3245,3330-3357,3517-3524, GIDC <br> Panoli, GIDC Panoli-394116, Dist: Ankleshwar, Tal: <br> Ankleshwar |
|  | (iii) Address for Correspondence : | En-Cler Bio Medical Waste Pvt. Ltd. <br> Centralized Bio-Medical Waste Treatment Facility,Gokul <br> Nagger, Near Azad Nagar,Bhatar, Surat, Dist: SURAT-1 |
|  | (iv) Address of Facility : | 7874300099 |
|  | (v) Tel. No, Fax. No : | whshil.kharkwal@piind.com |
|  | (vi) E-mail ID : | Leti: 21.5713, Long: 72.9903 |
|  | (vii) URL or Website : | Private |
|  | (viii) GPS coordinates of HCF or CBWTF: | Auth No: , Valid Upto: |
|  | (ix) Ownership of HCF or CBWTF : | Consent No: , Valid Upto: |
|  | (x)Status of Authorization under BMW Rules: |  |
|  | (xi) Status of Consent under Water, Air Act: |  |

## Type of Health Care Facility

| 2 | (i) Bedded Hospital | 0 |  |
| :--- | :--- | :--- | :--- |
| 2 | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical <br> Laboratory or Research Institute or Veterinary Hospital or <br> any other) | OTH-Other |  |
| 2 | (iii) License number and its date of expiry | Not Applicable |  |

## Quantity of waste generated or disposed in Kg per annum(on monthly average basis)

| 4 | (i) Yellow Category | 0.000 |  |
| :---: | :---: | :---: | :---: |
| 4 | (ii) Red Category | 0.000 |  |
| 4 | (iii) White Category | 0.000 |  |
| 4 | (iv) Blue Category | 0.000 |  |
| Details of the Storage, treatment, transportation, processing and Disposal Facility |  |  |  |
| 5 | (i) Details of the on-site storage facility | Bio Medical waste storage in plastic bags with segregated in identified bins as per above categories |  |
| 5 | (ii) Treatment Facility | Not Applicable |  |
| 5 | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum | Not Applicable |  |
| 5 | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of | NOT in Any/My CBWTF |  |
| BMW management committee |  |  |  |
| 6 | Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period |  |  |
| Details trainings conducted on BMW |  |  |  |
| 7 | (v) Whether standard manual for training is available | No. |  |
| 7 | (vi) Any other information | None |  |

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## Details of the accident occurred during the year

| 8 | (iii) Remedial Action taken (Please attch details if any) | none |  |
| :--- | :--- | :--- | :--- |
| 8 | (iv) any Fatality Occurred, details | No |  |


| 9 | Are you meeting the standards of air Pollution from the <br> incinerator ? How many times in last year could not met <br> the standards? | No. | Not Applicable |
| :--- | :--- | :--- | :--- |
| 9 | Details of Cuntinuous online emission monitoring ststems <br> installed | Not Applicable | Not Applicable |
| 11 | Is the disinfection method or sterilization meeting the <br> log 4 standards ? How many times you have not met the <br> standards in a year ? | No. |  |
| 12 | Any other relevant information | None |  |

## Certified that the above report is for the period from

## Date:

Place:

Name and Sign of The Head of HCF


Sushil Kumar Kharkwal

