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)]

SI. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)	:	Dr. M. Shanno
	(ii) Name of HCF or CBMWTF	:	LIFE LINE HOSPITAL
	(iii) Address for Correspondence	:	(-43, SITE-C UPSIDE, SIKANDARA, AGOA
	(iv) Address of Facility	:	- Same -
	(v)Tel. No, Fax. No	:	0562-2642616, 9897046115
	(vi) E-mail ID	:	Sharmomanveneron @ Yaha . co. in
	(vii) URL of Website	1.	Www. Lps agra, com - associated establishm
	(viii) GPS coordinates of HCF or CBMWTF	:	Lat.: 27. 20844, Long.: 77.91946
	(ix) Ownership of HCF or CBMWTF	•	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules		Authorisation No.: 2490 AL-1144 2020 dold 9/6/2020 Valid upto: 31.032022
	(xi). Status of Consents under Water Act and	in in	Valid upto: \(\frac{132022}{April 3 \text{ 40 20 20 20 20 20 20 20
	Air		[31.7.2021] daka 210120=
	Act		AT : 132 699 UPPCB Agm / 2021
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	4.0	No. of Beds: LO
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		CMEE 2 109175 3004/2021
3	Details of CBMWTF	:	The state of the s
	(i) Number of health care facilities covered by CBMWTF	:	
1.	(ii) No. of Beds covered by CBMWTF	V .	
	(iii) Installed treatment and disposal capacity of CBMWTF;	j i një Nj	Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	• (1)	Kg / day
4	Quantity of waste generated or disposed in	:	Yellow Category: 60 kg
ŧ.,	Kg per Annum (on monthly average basis)		Red Category: 55kg
		1	White: 15kg
			Blue Category: 45 kg
	TO BE ON THE PROPERTY OF	19	General Solid Waste:
5	Details of the Storage, Treatment, Transportat	ion, f	
	(i) Details of the on-site storage		Size: 100 Sq. feet

		facility	Capacity:					
				Provision of on-site storage : (Cold storage or				
				any other prov	vision)	Yes !		
	(ii)	Disposal facilities					Quantity Treatedor disposed	
W.				Type of treatment	No of	Capaci	in kg	
-				equipment	Units	Kg/day		
				Incinerators	0	1.91	/	
	3.5			Plasma				
				Pyrolysis	0			
				Autoclaves	1	λ		
	*			Microwave	0			
				Hydroclave				
				Shredder	0			
				Needle tip		,		
				cutter or				
	. N			destroyer		1.7.77		
				Sharps	-		1. 1. 1.	
				Encapsulation	. 0		4	
				or concrete	0			
				pit			(1)	
			7	Deep burial	0			
				pits				
			Ç.	Chemical disinfection:	2L	Sodium	Hypochlosti	
				Any other			1600	
				treatment equipment:	L			
	/:;;)	Quantity of recyclable wastes		Red Category (like plastic, glass, etc.)				
	sold to aut	sold to authorized recyclers after treatment in Kg per annum		Not apphiable				
	(iv)	No. of Vehicles used for collection and transportation of	1:	NA.				
	(1.7)							
		biomedical waste	9				Ty 81	
A	(v)	Details of incineration ash and			Quant	ity \	Where	
4		ETP sludge generated and	, , , , ,		Genera	ated c	disposed	
71		disposed during the treatment of		Incineration		NA		
		wastes in Kg per annum		Ash	-	NA		
		1 kg 13 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ETP Sludge	<u> </u>		1	
	(vi)	Name of the Common Bio-		TRR Wast	Manages	mt Put	- Lid,	
		Medical Waste Treatment Facility Operator through which wastes		CBWTF :	· kkae	m No. E	370, Marza	
				12tmadp	110 A	TOM: 20	2000	
-	(vii)	are disposed of List of member HCF not handed	-	127 Mary	wo 111	9-01 -0	JAN OT	
	(VII)	over bio-medical waste.		-	-			
5	Do you ha	ave bio-medical waste					18	
		nent committee? If yes, attach		NA				
	minutes of the meetings held during the							
							The second secon	

	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management	Yes (1)		
	(ii) Number of personnel trained	5		
	(iii) Number of personnel trained at the time of induction	5		
	(iv) Number of personnel not undergone any training so far			
11 :	(v) Whether standard manual for training is available?	7-8		
8	Details of the accident occurred during the year	Noso		
	(i) Number of Accidents occurred	N12		
-	(ii) Number of persons affected	Map		
	(iii) Remedial Action taken (Please attach details if any)	MA.		
	(iv) Any Fatality occurred, details	Now		
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	M.A.		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	BIP Ceum STP LOUSTALLED		
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)		

Certified	that the above report	is for the period from Do 2020 to 31,54 Dec	2 2020	
1. ⁽¹⁾	1,000	4.2		
			dump_	

Date: 20 1.2021
Place: Agan

Name and Signature of the Head of the Institution

लाइफ लाइन हॉस्पीटल — ०.43, साईट-सी, UPSIDC सिकन्दरा, आगरा—282007 (M) 9897046115