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)]

	ars of the Occupier	- 7	
	ars of the Occupier		7 11 0
(i) Nam		1:	Dr. M. Sharme
1.5	e of the authorized person (occupier		Dr. M. Sharme
	rator of facility)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	e of HCF or CBMWTF	1	LIFE LINE HOSPITAL
	ress for Correspondence	<u> </u> :	(-43, SITE.C, UPSIDC, SIKANDARA, Hg
(iv) Add	ress of Facility	:	Somo -
	lo, Fax. No	:	0562-2642616, 9097046115
(vi) E-m	ail ID	:	= harmamonyeodon @ yahoo. co. is
(vii) URI	of Website	:	www. Ips agra. com associated establish
(viii) GP	S coordinates of HCF or CBMWTF	:	Lat.: 27.20844 , Long.: 77.91946
(ix) Owr	nership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
Medical		:	Authorisation No.: 2490 AL-1141 2020 daked 9 6 2020
Waste (Management and Handling) Rules		Valid upto: 31,03,2023
1	tus of Consents under Water Act and	:	Valid upto: Water: 132032/ UPPCB/Agna/2
Air			(31,07,2024), dated 2/0/2021
Act			(31,07,2024) Atr: 132699 48PCB/Repr/2021
	Health Care Facility	:	
	led Hospital	:	No. of Beds: 10
Clinical	bedded hospital Laboratory or Research Institute or any Hospital or any other)	:	
(iii) Licei	nse number and its date of expiry	:	CMER 2125462 30 04 2022
B Details o	of CBMWTF	•	A STATE OF THE STA
	Number of health care facilities covered by CBMWTF	:	
(ii) 1	No. of Beds covered by CBMWTF		- 1 1 1 1 1 1 1 1 1 1
	nstalled treatment and disposal	:	Kg / day
	capacity of CBMWTF;		
t	Quantity of bio medical waste reated or disposed by CBMWTF	•	Kg / day
Quantity	of waste generated or disposed in	:	Yellow Category: 55 kg
Kg per A	nnum (on monthly average basis)		Red Category: 52
			White: 1.4 kg
			Blue Category: 42 kg
7 12	the state of the s		General Solid Waste: 20 kg
Details o	of the Storage, Treatment, Transportat	ion Pr	ocessing and Disnosal Facility
(i)	Details of the on-site storage		Size: 00 Sq., fee

facility			Capacity:				
			Provision of on-site storage: (Cold storage or				
				any other provision)			
	(ii)	Disposal facilities		Type of treatment	No of	Capacit	Quantity Treatedor disposed in kg y per
				equipment	Units	Kg/day	annum
				Incinerators	0	1.8/ /	
				Plasma Pyrolysis	0		
				Autoclaves	1		
				Microwave	D		
				Hydroclave	0		
	0,000			Shredder	0		
				Needle tip cutter or	16		
	180			destroyer Sharps	-	-	
	THE COLUMN			Encapsulation			. ,
	381			or concrete pit	0		
	in the second			Deep burial	0		
10 m	ra (Chemical disinfection:	& L SI	dianity	prochbostr
	Gen a		1	Any other treatment			
	100			equipment:			
15.11	(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum		Red Category (like plastic, glass, etc.) Not apphable			
W.	(iv)	No. of Vehicles used for collection and transportation of biomedical waste	i.	NA			
	(v)	Details of incineration ash and ETP sludge generated and			Quant Genera		Where lisposed
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	disposed during the treatment of		Incineration	n		
4.4	Mar 3	wastes in Kg per annum		Ash ETP Sludge		NA	_
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of		TRR WASTE Monagement Pr. Ltd. CBUTF: Wassa Wo. 670, Mauxa Bhor Etmadpur, Agon- 2030202			
	(vii)	List of member HCF not handed over bio-medical waste.		Yes	_		
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		10.	V-04	1		Ç.

A. Oak	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			
	(v) Whether standard manual for training is available?	Yes		
8	Details of the accident occurred during the year	Novo		
Zor a	(i) Number of Accidents occurred	Nn_		
3 2 - 1	(ii) Number of persons affected	Mosp		
	(iii) Remedial Action taken (Please attach details if any)	NA.		
108	(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.		
5	Details of Continuous online emission monitoring systems installed	NA.		
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	BIP CUM STP BUSTALLED		
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 ISV Jan 2021	to 31st Hec.	2021	
		, v	
		0	

Date: 20.01.2022

Place: Agm

Name and Signature of the Head of the Institution

(Dr. Manuschw Lherme)

लाइफ लाइन हॉस्पीटल 0-43, साईट-सी, UPSIDC सिकन्दरा, आगरा-282007 (M) 9897046115