

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)]

Sr. No	Particulars		
1.	Particulars of the Occupier	:	MEDICAL OFFICER I/c.
	(i) Name of the authorised person (occupier or operator of facility)	:	CHA. BELTIKIRI TOHENKANOL
	(ii) Name of HCF or CBMWTF	:	APPO BELTIKIRI, TOHENKANOL
	(iii) Address for Correspondence	:	
	(iv) Address of Facility	:	
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	chebeltikiri@gmail.com
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(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.: 13193/IND-IV-BMW-453DATED...14/07/2025...valid up to 21/08/2026
(xi). Status of Consents under Water Act and Air Act	:	Valid up to: NA ✓	
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 06 (870)
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA ✓
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	

(i) Number healthcare facilities covered by CBMWTF	:	
(ii) Number healthcare facilities covered by CBMWTF	:	
(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day N/A
(iv) Quantity of biomedical 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 : 249.779 Kg.
	:	Red Category : 149.265 Kg.
	:	White : 8.707 Kg.
	:	Blue Category : 147.57 Kg.
	:	General Solid waste:

Details of the Storage, treatment, transportation, processing and Disposal Facility

(i) Details of the on-site storage facility	:	Size :
	:	Capacity :
	:	Provision of on-site storage : (cold storage or any other provision)

(ii) disposal facilities	Type of treatment equipment	No of units	Capacity Kg/day	Quantity Treated or disposed in kg per annum
	Incinerators			
	Plasma			
	Pyrolysis			
	Autoclaves	3	N/A	
	Microwave			
	Hydroclave			
	Shredder			
	Needle tip cutter or destroyer	4	N/A	
	Sharps encapsulation or concrete pit	2	N/A	
	Deep burial pits:	2	N/A	
	Chemical Disinfection:			
	Any other			

Handwritten note: **Handwritten text at the bottom right of the page, possibly a signature or additional information.**

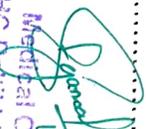
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)					
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	ONE					
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td rowspan="2">N/A</td> </tr> <tr> <td>ETP Sludge</td> </tr> </tbody> </table>	Quantity generated	Where disposed	Incineration Ash	N/A	ETP Sludge
Quantity generated	Where disposed							
Incineration Ash	N/A							
ETP Sludge								
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	TOPIC SANICLEAN PVT LTD.					
	(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.					
	Details trainings conducted on BMW		UPDATED					
	(i) Number of trainings conducted on BMW Management.		85 NEW.					
	(ii) number of personnel trained							
7.	(iii) number of personnel trained at the time of induction		NIL					
	(iv) number of personnel not undergone any training so far		YES.					
	(v) whether standard manual for training is available?							
	(vi) any other information)							
	Details of the accident occurred during the year		NIL					
8.	(i) Number of Accidents occurred							
	(ii) Number of the persons affected							
	(iii) Remedial Action taken (Please attach details if any)							
	(iv) Any Fatality occurred, details.							
	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		N/A					
9.	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?	NIL
11. Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NIL
12. Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

..... 1st January 2025 to 31st Dec 2025

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 16/01/2026
 Medical Officer i/c

Date:

16/01/2026.

Name and Signature of the Head of the Institution

DR. SMT. S. A. PATIL

Place

CHC, Buldhana