

**Form -IV
Annual Report**

Sl.No	Particulars																																														
1.	Particulars of the Occupier	:																																													
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr.S.GURU SHANKAR																																												
	(ii) Name of HCF or CBMWTF	:	MEENAKSHI MISSION HOSPITAL AND RESEARCH CENTRE																																												
	(iii) Address for Correspondence	:	Lake Area, Melur Road , Madurai - 625107																																												
	(i) Address of Facility																																														
	(ii) Tel. No. Fax. No.	:	0452 - 2543000, 2586353																																												
	(V) E-mail ID	:	info@mmhrc.in																																												
	(i) URL of Website	:	www.mmhrc.in																																												
	(ii) GPS coordinates of HCF of CBMWTF	:																																													
	(iii) Ownership of HCF of CBMWTF		Private																																												
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.	:	Authorization No :- 22BAZ44013796 Valid up to : - 31.03.2024																																												
	(v) Status of Consents under Water Act and Air Act.	:	Valid up to: 31.03.2024																																												
2.	Type of Health Care Facility	:																																													
	(i) Bedded Hospital	:	No. of Beds:- 800																																												
	(ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	- Nil -																																												
	(iii) License number and its date of expiry.	:	MADUALL20190003037 - 07/11/24																																												
3.	Details if CBMWTF	:																																													
	(i) Number healthcare facilities covered by CBMWTF	:	RE SUSTAINABILITY HEALTHCARE SOLUTION LTD																																												
	(ii) No. of beds covered by CBMWTF	:	800																																												
	(iii) Installed treatment and disposal capacity of CBMWTF	:	<u> NIL </u> Kg per day																																												
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	400 Kg/day																																												
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category : 4495 Kg Red Category : 4756 Kg White : 51 Kg Blue Category : 813 Kg General Solid waste : Nil																																												
5.	Details of the Storage , treatment, transportation, processing and Disposal Facility																																														
	(i) Details of the on-site storage facility	:	Size : 10' X 30' (3M x 9 M) Capacity: 2400 Sft Provision of on-site storage : Nil																																												
	(ii) Disposal Facilities	:	<table border="0"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed In Kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Paralysis Autoclaves-----></td> <td>1</td> <td>100</td> <td>36500</td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td>---</td> <td>50</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td>----</td> <td></td> </tr> <tr> <td>Deep Burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td>----</td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment Equipment	No of Units	Capacity Kg/day	Quantity treated or disposed In Kg per annum	Incinerators				Plasma Paralysis Autoclaves----->	1	100	36500	Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer		---	50	Sharps encapsulation or concrete pit		----		Deep Burial pits:				Chemical disinfection:		----		Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) -Nil-																																												

	(iv) No of vehicles used for collection and transportation of biomedical waste.	:	2 Numbers
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		Quantity Generated Where disposal Incineration -Nil- Ash -Nil- ETP Sludge- Used for Garden Purpose only
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	RE SUSTAINABILITY HEALTHCARE SOLUTION LTD
	(vii) List of member HCF not handed over bio-medical waste.	:	-NIL-
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	:	Yes, Safety & Risk Management Committee
7.	Detail trainings conducted on BMW		3 No's (Every Four Months Once)
	(i) Number of training conducted on BMW Management.		7
	(ii) Number of personnel trained		1500
	(iii) Number of personnel trained at the time of induction		150(Per Year)
	(iv) Number of personnel not undergone any training so far.		-Nil-
	(v) Whether standard manual for training is available?		Yes
	(vi) Any other information)		-Nil-
8.	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please attach details if any)		Nil
	(iv) Any Fatality occurred, details.		Nil
9.	Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?		Nil
	Details of Continuous online emission monitoring systems installed		Nil
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		Nil
11.	It the disinfection method or sterilization meeting the log4 standards? How many times you have not met the standards in a year?		Nil
12.	Any other relevant information		(Air Pollution Control Device attached with the incinerator.) -Nil-

Certified that the above report is for the period from **January 2023 to December 2023**



Date: 04.01.2024
Place: Madurai

Name and Signature of the Head of the Institution

**MEENAKSHI MISSION HOSPITAL
& RESEARCH CENTRE
LAKE AREA, MELUR ROAD
MADURAI-625 107**