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)]

Sl. No.	Particulars		
1 ,	Particulars of the Occupier	1	Sr.Fatima Dias
	(i) Name of the authorised person (occupier or operator of facility)		Sr.Fatima Dias
	(ii) Name of HCF or CBMWTF		G J multiclave India Pvt.Ltd.,
	(iii) Address for Correspondence	2	St.Isabel's hospital 49,oliver road, Mylapore, Chennai-4
	(iv) Address of Facility		245,Thenmelpakkam village Singaperumalkoilst Chengelpet ,Kancheepuram Dist
	(v)Tel. No, Fax. No		044-24993151
	(vi) E-mail ID	15	info@stisabelshospital.in
	(vii) URL of Website		Nil
	(viii) GPS coordinates of HCF or CBMWTF		Nil
	(ix) Ownership of HCF or CBMWTF	: `	(State Government or Private or Semi Govt. or any other)Registred under society Act
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		AuthorisationNo.:24BAZ59847492 Valid Upto 31.03.2026
	(xi). Status of Consents under Water Act and Air Act	3	Air 2408260820417 Valid Upto:31.03.2026 Water -2408160820417 Valid Upto-31.03.2026
2.	Type of Health Care Facility	:	Hospital
	(i) Bedded Hospital	*	No. of Beds:300
	(ii) Non-bedded hospital	*	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital orany other)		
	(iii) License number and its date of expiry		
3.	Details of CBMWTF		
	(i) Number healthcare facilities covered by CBMWTF	* //	por a pa
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA Kg perday

1.	Quantity of waste generated or disposed annum (on monthly average basis)	in Kg	nor	:	Vallar C			
	annum (on monthly average basis)		Quantity of waste generated or disposed in Kg per		Yellow Category : 1791.80Kg			
		annum (on monthly average basis)			Red Category: 1,127.91Kg			
					White : 28.95Kg Blue Category : 167.35Kg			
					General Sc	olid Wa	ste:	
- 1	Details of the Storage, treatment, transportation, processing and Disposal Facility							
	(i) Details of the on-site storage	*	Size	: N	A			
	facility		Capaci	ty:				
			Provisi	Provision of on-site storage : (cold storage or				
			1	any other provision)				
	(ii) Details of the treatment or	:		Type of treatment N			Cap	Quantity acit
	disposal facilities			pment		of.	1	treatedo
						unit	у	r
						S	Kg/	disposed
							day	in kg per annum
					* ::		J	
					<u> </u>			
			Incin	erator	'S			
			Plast	na Pyi	rolysis			
			Auto	claves	S			
			Micr	owave	e			
			Hydı	oclave	e			
			Shre	dder				
			Need	lle tip	cutter or,			
			destr	oyer	h. 1		-	
			Shar	ps	F '			
			enca	psulati	ion or		9	
			conc	rete pi	t '			
			Deep	buria	l pits:			
			Cher	nical				
			disin	fection	n:		-	585
			Any	other	treatment			
			equip	oment	2			
	(iii) Quantity of recyclablewastes	1	Red Ca	tegory	(like plasti	c, glass	s etc.)	
	sold to authorized recyclers after				*			
	treatment in kg per annum.		į.					
- 1	(iv) No of vehicles used for collection	:						
	and transportation of biomedical							
	waste							
	(v) Details of incineration ashand		Quantit	•			Where	
- 11	ETP sludge generated anddisposed		Generat	ted			Dispos	sed
	During the treatment of wastes in Kg							
	per annum		l s			Incine	ration	
						Ash		
							ETP sl	udge
	(VI) Name of the common Bio Medical							
	Waste Treatment Facility Operator through which wastes are disposed of							

	(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
7	Details training conducted on BMW	8 to 10
	(I) Number of trainings conducted	classes per
	on BMW Management	year
	(II)No.of personnel trained	900
	(III)Number of personnel trained at the time of induction	25-30
	(IV)Number of personnel not undergone any training so far	Nil
	(V) whether standard manual for training is available?	Yes
	(VI)Any other information	***************************************
8	Details of the accident occurred during the year?	
	(i) Number of accident occurred	4(needle stick injury)
	(ii) Number of the persons affected	Nil
	(iii) Remedial actions taken	Yes(Vaccination given)
	(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?	NA
10	Liquid waste generated and treatment methods in place. How many time you have not met the standards in a year?	Yes 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?	NA
12	Any other relevant information	: (Air pollution control devices attached with the Incinerator)

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January	2024-Decembe	r 2024

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

Ar. Folima Dicas

Name and signature of the Head of the institution

Date:10.06.2025 Place:Chennai

