

Form-IV  
(See rule 13)  
ANNUAL REPORT

(To be submitted to the prescribed authority on or before 30<sup>th</sup> June every year for the period from January to December of the preceding year, by the occupier for health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)

sl.no	Particulare	:	
1	Particulars of the Occupier	:	
	(I) Name of the authorised person (occupier or operator of facility)	:	Dr.VANAJA VAITHIANATHAN
	(ii) Name of HCF or CBWTF	:	JOTHI EYE CARE CENTRE
	(III) Address for Correspondence	:	152 & 154,CALVE SUBRAYA CHETTY ST,PUDUCHERRY-605001
	(iv) Address of Facility	:	AS ABOVE
	(v)Tel.no , Fax No.	:	0143-2224534
	(iv) E-mail ID	:	jothieyecare@gmail.com
	(vii) URL Website	:	WWW.jothieyecare.com
	(viii) GPS coordinates of HCF or CBWTF	:	N.A
	(ix) Ownership of HCF or CBWTF	:	PRIVATE
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling )Ruels	:	Authorisation No:1-39/PPCC/BMW/AUTHO/JSA/ (PPCC)2018/1400 valid up to 30.11.2020
(xi) Status of Consents under Water Act and Air Act	:	Valid up to 22.1.2021	
2	Type of Health Care Facility	:	EYE CARE FACILITY
	(i) Bedded Hospital	:	No.of Beds.....10 nos
	(ii)Non -bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or anv other)	:	N.A
	(iii) Licence number and its date of expiry	:	3463500683 Expires On 13.9.2020
3	Details of CBMWTF	:	
	(I) Numbers of health care facilities covered by CBMWTF	:	-
	(ii) No.of beds covered by CBMWTF	:	-
	(iii) Installed treatment and disposal capacity of CBMWTF	:	-
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	-
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 14580 kg Per Annum
		:	Red Category : 3600 kg Per Annum
		:	White Category : 5400 kg Per Annum
		:	Blue Category : 1800 kg Per Annum
		:	General Solid Waste : NIL
5	Details of the Storage,Treatment,transportation,processing and Disposal Facility		
	(I) Details of the on site storage facility	:	Size: Nil
		:	Capacity- Nil
		:	Provision of on site storage :(cold storage or any other provision)
		:	Type of treatment equipment No.of capa Quality
		:	units city treatedor
		:	kg/ disposed
		:	day in kg per
		:	annum
	(ii) Disposal Facilities	:	Incinerators
		:	Plasma Pyrolysis
		:	Autoclaves
		:	Microwaves
		:	Hydroclaves
		:	Shredder
		:	Needle tip cutter or destroyer
		:	Sharps
	:	encapsualtion or concrete pit	
	:	Deep burial pits	
	:	Chemical disinfection:	
	:	Any other treatment equipment:	

	(iii) Quantity of recycle wastes sold to authorised recyclers after treatment in kg.per annum	:	Red category (like plastic,glass etc.) N-A
	(iv) No.of vehicles used for collection and transportation of bio medical waste	:	N.A
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in kg per annum	:	Quantity generated Where disposed
		:	Incineration N.A
		:	Ash N.A
		:	ETP Sludge N.A
	(VI) Name of the common Bio Medical waste Treatment Facility Operator through which wastes are disposed of	:	PONDICHERRY SOLID WASTE MANAGEMENT COMPANY PVT.LTD
	(VII) List of member HCF not handed over bio medical waste	:	N.A
6	Do you have bio-medical waste management committee? If yes,attach minutes of the meetings held during the reporting period	:	NOT YET
	Details trainings conducted on BMW	:	
	(I) Numbers of trainings conducted on BMW Management	:	NOT YET
	(II)Numbers of personnel trained	:	NOT YET
7	(iii) Numbers of personnel trained at the time of induction	:	NOT YET
	(iv) Numbers of personnel not undergone any training so far	:	NOT YET
	(v) Whether standard manual for training is available	:	YES
	(vi) any other information	:	NIL
		:	
	Details of the accident occurred	:	
	during the year	:	2019-20
8	(I) Number of the accident occurred	:	NIL
	(II)Numbers of the persons affected	:	NIL
	(iii) Remedial Action taken(please attach details if any	:	NIL
	(iv) Any Facility 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 system 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	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 2019-2020

Date

Place

Name and Signature of the Head of the Institution

*For Jothi Eye Care Centre*

*Proprietrix.*

**FORM - I**  
[(See rule 4 (0),5(i)and 15 (2))]

**ACCIDENT REPORTING**

1. Date and time of accident : N.A
2. Type of Accident : N.A
3. Sequence of events leading to accident : N.A
4. Has the Authority been informed immediately : N.A
5. The Type of waste involved in accident : N.A
6. Assessment of the effects of the Accident on human health and the environment : N.A
7. Emergency measures taken : N.A
8. Steps taken to slleviate the effects of accidents : N.A
9. Steps taken to prevent the recurrence of such an accident : N.A
10. Does you facility has an Emergency Control Policy ? If yes give details : N.A

Date: 14.07.2020

Place: Puducherry.

Signature... *For Jothi Eye Care Centre*

Designation..... *Proprietrix*