

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 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
	(vi) 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/2021/317 valid up to 31.10.2023
(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 any other)	:	N.A
	(iii) Licence number and its date of expiry	:	3463500683 Expires On 07.10.2021
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 : 500 kg Per Annum
		:	Red Category : 193 kg Per Annum
		:	White Category : 500 kg Per Annum
		:	Blue Category : 62 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
		:	Incinerators
		:	Plasma Pyrolysis
		:	Autoclaves
		:	Microwaves
	(ii) Disposal Facilities	:	Hydroclaves
		:	Shredder
		:	Needle tip cutter or destroyer
		:	Sharps
	:	encapsulation 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	:	2020-21
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 2020-21

10/06/21

Place:Puducherry

Name and Siganture 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 alleviate the effects of accidents : N.A
9. Steps taken to prevent the recurrence of such an accident : N.A
10. Does your facility have an Emergency Control Policy ? If yes give details : N.A

Date: 10.06.2021

Place: Puducherry.

Signature..... *For Jothi Eye Care Centre*

Designation..... *Proprietrix.*