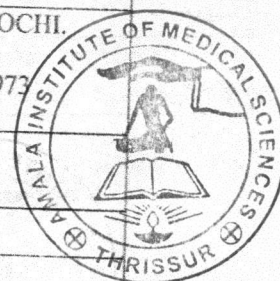


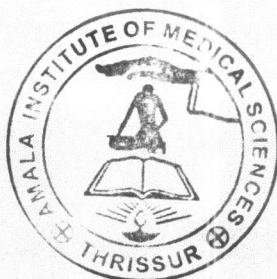
Form - IV
(See rule 13)
ANNUAL REPORT

[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)]

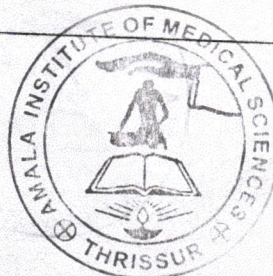
| Sl. No. | Particulars | | |
|---------|---|---|---|
| 1. | Particulars of the Occupier | : | |
| | (i) Name of the authorized person (occupier or operator of facility) | : | FR.JULIOUS ARAKKAL. CMI DIRECTOR. |
| | (ii) Name of HCF or CBMWTF | : | AMALA CANCER HOSPITAL SOCIETY |
| | (iii) Address for Correspondence | : | AMALANAGAR P.O THRISSUR. PIN.680555. |
| | (iv) Address of Facility | : | AMALA CANCER HOSPITAL SOCIETY, AMALANAGAR P.O THRISSUR. PIN.680555. |
| | (v) Tel. No, Fax. No | : | TEL: 0487- 2304000, FAX: 0487-2307020. |
| | (vi) E-mail ID | : | amalamch@amalaims.org |
| | (vii) URL of Website | : | www.amalaims.org |
| | (viii) GPS coordinates of HCF or CBMWTF | : | - |
| | (ix) Ownership of HCF or CBMWTF | : | (State Government or Private or Semi Govt. or any other): PRIVATE. |
| | (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules | : | Authorization No.: KSPCB/TS/ICO/10024649/2023 Valid up to 30/06/2028 |
| | (xi). Status of Consents under Water Act and Air Act | : | Valid up to: - -DO- |
| 2. | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | No. of Beds: 1000 NOS. |
| | (ii) Non-bedded hospital | : | N A |
| | (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | |
| | (iii) License number and its date of expiry | : | |
| 3. | Details of CBMWTF | : | KEIL, AMBALAMEDU, KOCHI. 0484-2722241 341424129KL2005PLCO17973 keilbiomedicals@gmail.com |
| | (i) Number healthcare facilities covered by CBMWTF | : | 1228 |
| | (ii) No of beds covered by CBMWTF | : | 22750 |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | : | <u>16,000</u> Kg per day. |



| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | 7500 Kg/day | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------------|--|-----------------------------|----------------|-----------------|--|---|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow Category : 136992.9KG Red Category : 92207.74KG White: 1895.06 KG Blue Category : 11268.92 KG General Solid waste:201600 KG | | | | | | | | | | | | | | | | | | | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | | | | | | | | | | | | | | | | | | |
| | (i) Details of the on-site storage facility | : | Size : 430 SFT Capacity : 1500 KG/DAY Provision of on-site storage : (cold storage or any other provision) | | | | | | | | | | | | | | | | | | | | |
| | (ii) Details of the treatment or disposal facilities | : | <table border="1"> <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 colspan="4">Incinerators: FOR GENERAL WASTE 2 NOS.</td> </tr> <tr> <td colspan="4">Autoclave: Microwave Hydroclave</td> </tr> <tr> <td colspan="4">Shredder: Needle tip cutter or destroyer Sharps encapsulation or</td> </tr> <tr> <td colspan="4">concretepit: Deep burial pits: Chemical disinfection: Any other treatment equipment:</td> </tr> </tbody> </table> | Type of treatment equipment | No of units | Capacity Kg/day | Quantity treated or disposed in kg per annum | Incinerators: FOR GENERAL WASTE 2 NOS. | | | | Autoclave: Microwave Hydroclave | | | | Shredder: Needle tip cutter or destroyer Sharps encapsulation or | | | | concretepit: Deep burial pits: Chemical disinfection: Any other treatment equipment: | | | |
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| Shredder: Needle tip cutter or destroyer Sharps encapsulation or | | | | | | | | | | | | | | | | | | | | | | | |
| concretepit: Deep burial pits: Chemical disinfection: Any other treatment equipment: | | | | | | | | | | | | | | | | | | | | | | | |
| | (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 | : | | | | | | | | | | | | | | | | | | | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposed | | <table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> | Quantity generated | Where disposed | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | |



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| | during the treatment of wastes in Kg per annum | | Incineration |
| | (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 | | NO. (BMW management is doing under the supervision of Infection control committee) |
| 7 | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | | 60 Nos |
| | (ii) number of personnel trained | | 1200 Nos |
| | (iii) number of personnel trained at the time of induction | | 850Nos |
| | (iv) number of personnel not undergone any training so far | | NO |
| | (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 Accidents occurred | | No accidents occurred |
| | (ii) Number of the persons affected | | |
| | (iii) Remedial Action taken (Please attach details if any) | | |
| | (iv) Any Fatality occurred, details. | | |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | | yes |
| | Details of Continuous online emission monitoring systems installed | | Not Installed |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | Yes |
| 11 | Is the disinfection method or sterilization meeting the log 4 | | |

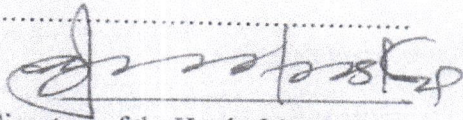


noted

| | | |
|----|---|--|
| | standards? How many times you have not met the standards in a year? | Yes |
| 12 | Any other relevant information : | (Air Pollution Control Devices attached with the Incinerator): |

Certified that the above report is for the period from: 2024 JANUARY TO 2024 DECEMBER

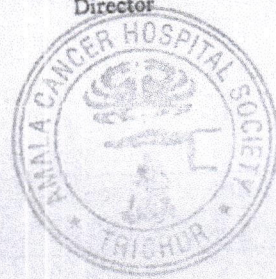
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Name and Signature of the Head of the Institution

Date: 10-06-2025
 Place: THRISSUR.

Fr. Julious Arakkal CMI
 Director



Betsy

B. BETSY THOMAS
 D, FRCOG, DNB, MICOG
 PRINCIPAL
 INSTITUTE OF MEDICAL SCIENCES
 A NAGAR, THRISSUR-680 555

