

Form - IV
(See rule 13)
ANNUAL REPORT

| Sl.no | Particulars | | | | | | |
|--|---|------------------------|--|--|---------------------|-----------------|------------------------------------|
| 1 | Particulars of the Occupier | | | | | | |
| | (i) Name of the authorized person (occupier or operator of facility) | | Medical Superintendent, IG Hospital Shimla H.P. | | | | |
| | (ii) Name of HCF or CBMWTF | | IGMC & Hospital, Shimla | | | | |
| | (iii) Address for Correspondence | | Medical Superintendent, IGMC & Hospital, Shimla H.P. | | | | |
| | (iv) Address of Facility | | 0177-2858845 | | | | |
| | (v) Tel. No, Fax. No | | | | | | |
| | (vi) E-mail ID | | srmsigmcsnimla@gmail.com | | | | |
| | (vii) URL of Website | | www.igmc.edu.in | | | | |
| | (viii) GPS coordinates of HCF or CBMWTF | | N.A. | | | | |
| | (ix) Ownership of HCF or CBMWTF | | State Government | | | | |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | | Authorisation No.: BMW/SML/003(Shimla) valid up to 31.03.2026 | | | | |
| (xi). Status of Consents under Water Act and Air Act | | Valid up to:31.03.2016 | | | | | |
| 2 | Type of Health Care Facility | | No. of Beds : 850 | | | | |
| | (i). Bedded Hospital | | 850 | | | | |
| | (ii) Non-bedded hospital(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | | N.A. | | | | |
| | (iii) License number and its date of expiry | | N.A. | | | | |
| 3 | Details of CBMWTF | | Ms. Enviro Engineers, Chalaunthi Sanjauli Shimla-171006 | | | | |
| | (i) Number healthcare facilities covered by CBMWTF | | N.A | | | | |
| | (ii) No of beds covered by CBMWTF | | 850 | | | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF: | | N.A | | | | |
| | (iv) Quantity of biomedical waste treated or disposed by CBMWTF | | N.A. | | | | |
| 4 | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | | Yellow Category : 49,877.84 Kg. | | | | |
| | | | Red Category; 71,404.493 Kg. | | | | |
| | | | White : 1471.08 Kg. | | | | |
| | | | Blue Category : 16,767.428 Kg. | | | | |
| | | | General Solid waste :- (disposal by MC Shimla). | | | | |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | | | | | |
| | (i) Details of the on-site storage facility | | Size | | N.A. | | |
| | | | Capacity | | N.A. | | |
| | | | Provision of on-site storage (cold storage or any other provision) | | N.A. | | |
| | (ii) Details of the treatment or disposal facilities | | Type of treatment/ equipment | | No of Unit's | Capacity Kg/day | Quantity Treated/disposed in kg/yr |
| | | | Incinerators | | N.A. | | |
| | | | Plasma Pyrolysis | | N.A. | | |
| | | | Autoclaves | | N.A. N.A | | |
| | | | Microwave | | N.A. | | |
| | | | Hydroclave | | N.A. | | |
| | | | Shredder | | N.A. | | |
| | | | Needle tip cutter or destroyer | | 133 No. | | |
| | | | Sharps /encapsulation or concrete pit | | N.A. | | |
| | | | Deep burial pits: | | N.A. | | |
| | Chemical disinfection | | N.A. | | | | |
| Any other treatment /equipment | | N.A. | | | | | |

| | | | |
|--|--|--|-----------------------|
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | Red Category (like plastic, glass etc.) | Ms. Enviro Engineers. |
| | (iv) No of vehicles used for collection and transportation of biomedical waste | Ms. Enviro Engineers. | |
| | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | | Quantity generated |
| | | Incineration | Where disposed |
| | | Ash | |
| | | ETP Sludge | |
| | (vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of | Ms. Enviro Engineers, Chalaunthi Sanjauli Shimla-171006 H.P. | |
| | (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 | Yes (copy attached). | |
| 7 | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW Management. | 15 | |
| | (ii) number of personnel trained | 437 | |
| | (iii) number of personnel trained at the time of induction | 35 | |
| | (iv) number of personnel not undergone any training so far | Nil | |
| | (v) whether standard manual for training is available? | Yes, | |
| | (vi)(any other information) | N.A. | |
| 8 | Details of the accident occurred during the year | | |
| | (i) Number of Accidents occurred | 25 | |
| | (ii) Number of the persons affected | 25 | |
| | (iii) Remedial Action taken (Please attach details if any) | All cases of needle stick injury, regular treatment for all the stick holders given. Sign boards are displayed. | |
| | (iv) Any Fatality occurred, details. | N.A. | |
| 9 | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | N.A. | |
| | Details of Continuous online emission monitoring systems installed | N.A. | |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | 15 | |
| 11 | Is the disinfection method or sterilization meeting the log 4 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 | | | |

Date:
Place

Medical Superintendent
Indira Gandhi Hospital, Shimla
Dr. Rahul Rao
Medical Superintendent
IGMC and Hospital Shimla
171001 (H.P.)
Regd. No. 164/12 (HPMC)