

**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 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 authorised person (occupier or operator of facility)                                    | : | DR. P. KRISHNA PRASAD<br>PRINCIPAL   |
|         | (ii) Name of HCF or CBMWTF  | : | SREE SAI DENTAL COLLEGE & RESEARCH INSTITUTE   |
|         | (iii) Address for Correspondence  | : | CHAPURAM (V) PATHRUNIVALASA (POST)   |
|         | (iv) Address of Facility  | : | SRIKAKULAM - 532401  |
|         | (v) Tel. No, Fax. No  | : | 08942 - 211482   |
|         | (vi) E-mail ID  | : | SSDCR16@yahoo.co.in  |
|         | (vii) URL of Website  | : | SSDCR1.079   |
|         | (viii) GPS coordinates of HCF or CBMWTF   | : | 18°32'41.8"N 83°91'30.5"E  |
|         | (ix) Ownership of HCF or CBMWTF   | : | (State Government or Private or Semi Govt. or any other)   |
|         | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules                | : | Authorisation No.:<br>A.P.P.C.B. IVSP/SKLM/HO/GEO... & Bmw/2003<br>09/03/2022.. valid up to 31/01/2023 |
|         | (xi). Status of Consents under Water Act and Air Act  | : | Valid up to:<br>31/01/2023   |
| 2.      | Type of Health Care Facility  | : |  |
|         | (i) Bedded Hospital   | : | No. of Beds: 256 (Dental Churn)  |
|         | (ii) Non-bedded hospital  | : |  |
|         | (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   | : |  |
|         | (i) Number healthcare facilities covered by CBMWTF  | : | M/s RAINBOW INDUSTRIES   |
|         | (ii) No of beds covered by CBMWTF   | : |  |
|         | (iii) Installed treatment and disposal capacity of CBMWTF:  | : | _____ Kg per day   |



|  | (iv) Quantity of biomedical waste treated or disposed by CBMWTF                                   | :               | _____ Kg/day  |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
|--|---|-----------------|---|---|--------------------|--|--|------------------------------|---|---------------|-----|----------------------|-----|--|--|------------|--|--|--|-----------|--|--|--|------------|--|--|--|----------|--|--|--|--------------------------------|--|---|--|--------------------------------------|--|---|--|-------------------|--|--|--|------------------------|--|---|--|--------------------------------|--|--|--|
| 4.                                       | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)                | :               | <table border="1"> <tr> <td>Yellow Category</td> <td>: 21 Kg / month</td> </tr> <tr> <td>Red Category</td> <td>: 18 Kg / month</td> </tr> <tr> <td>White:</td> <td>5 Kg / month</td> </tr> <tr> <td>Blue Category</td> <td>: -</td> </tr> <tr> <td>General Solid waste:</td> <td>NIL</td> </tr> </table>  | Yellow Category                         | : 21 Kg / month    | Red Category                             | : 18 Kg / month                              | White:                       | 5 Kg / month                            | Blue Category | : - | General Solid waste: | NIL |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Yellow Category                          | : 21 Kg / month   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Red Category                             | : 18 Kg / month   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| White:                                   | 5 Kg / month  |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Blue Category                            | : -   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| General Solid waste:                     | NIL   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| 5  | Details of the Storage, treatment, transportation, processing and Disposal Facility               |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
|  | (i) Details of the on-site storage facility   | :               | <table border="1"> <tr> <td>Size</td> <td>: 20FT X 10FT ROOM</td> </tr> <tr> <td>Capacity</td> <td>: provided BMW Storage Room</td> </tr> <tr> <td>Provision of on-site storage</td> <td>: (cold storage or any other provision)</td> </tr> </table>  | Size                                    | : 20FT X 10FT ROOM | Capacity                                 | : provided BMW Storage Room                  | Provision of on-site storage | : (cold storage or any other provision) |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Size                                     | : 20FT X 10FT ROOM  |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Capacity                                 | : provided BMW Storage Room   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| 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>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td>-</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td>-</td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td>-</td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Type of treatment equipment             | No of units        | Capacity Kg/day                          | Quantity treated or disposed in kg per annum | Incinerators                 |   |               |     | Plasma Pyrolysis     |     |  |  | Autoclaves |  |  |  | Microwave |  |  |  | Hydroclave |  |  |  | Shredder |  |  |  | Needle tip cutter or destroyer |  | - |  | Sharps encapsulation or concrete pit |  | - |  | Deep burial pits: |  |  |  | Chemical disinfection: |  | - |  | Any other treatment equipment: |  |  |  |
| Type of treatment equipment              | No of units   | Capacity Kg/day | Quantity treated or disposed in kg per annum  |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Incinerators                             |   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Plasma Pyrolysis                         |   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Autoclaves                               |   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Microwave                                |   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Hydroclave                               |   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Shredder                                 |   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Needle tip cutter or destroyer           |   | -               |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Sharps encapsulation or concrete pit     |   | -               |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Deep burial pits:                        |   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Chemical disinfection:                   |   | -               |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Any other treatment equipment:           |   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
|  | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | :               | <table border="1"> <tr> <td>Red Category (like plastic, glass etc.)</td> <td></td> </tr> <tr> <td colspan="2">ALL BIO MEDICAL WASTE DISPOSED TO CBMWTF</td> </tr> </table>  | Red Category (like plastic, glass etc.) |                    | ALL BIO MEDICAL WASTE DISPOSED TO CBMWTF |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Red Category (like plastic, glass etc.)  |   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| ALL BIO MEDICAL WASTE DISPOSED TO CBMWTF |   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
|  | (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     |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
| Quantity generated                       | Where disposed  |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |
|  |   |                 |   |   |                    |  |  |                              |   |               |     |                      |     |  |  |            |  |  |  |           |  |  |  |            |  |  |  |          |  |  |  |                                |  |   |  |                                      |  |   |  |                   |  |  |  |                        |  |   |  |                                |  |  |  |



|    |   |  |
|----|---|--|
|    | during the treatment of wastes in Kg per annum  | Incineration -<br>Ash -<br>ETP Sludge -  |
|    | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                    | M/S Rain bow Industries<br>Pathakunkam (V) Lavegu (M)<br>Srikakulam District   |
|    | (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   | -  |
| 7  | Details trainings conducted on BMW  |  |
|    | (i) Number of trainings conducted on BMW Management.  | The College Conducted Training on every 15 Day for awareness of waste handling |
|    | (ii) number of personnel trained  | 20 No.s  |
|    | (iii) number of personnel trained at the time of induction  | -  |
|    | (iv) number of personnel not undergone any training so far  | -  |
|    | (v) whether standard manual for training is available?  | -  |
|    | (vi) any other information)   |  |
| 8  | Details of the accident occurred during the year  | NIL  |
|    | (i) Number of 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? | -  |
|    | Details of Continuous online emission monitoring systems installed  | -  |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?               | -  |
| 11 | Is the disinfection method or sterilization meeting the log 4   | -  |

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

Certified that the above report is for the period from

..... 2021 TO 2022 .....

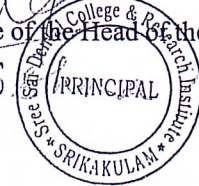
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Name and Signature of the Head of the Institution

Dr. K. J. Rasad



Date: 05/04/2022

Place: Srikakulam