

REHABILITATION INSTITUTE, CMC VELLORE

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)]

| SI.No | Particulars | |
|--|---|---|
| 1. | (i) Particulars of the Occupier | |
| | Name of the authorised person (occupier or operator of facility) | Ebinezar Sundarraaj |
| | (ii) Name of HCF or CBMWTF | REHABILITATION INSTITUTE. |
| | (iii) Address of Correspondence | O/o The General Superintendent, #3 Ida Scudder Road, CMC, Vellore- 632004. |
| | (iv) Address of Facility | Rehabilitation Institute, S.F No 230,231,233/1,2A & 234, Palavansathu Village, Vellore Taluk, Vellore district. |
| | (v) Tel. No & Fax. No | 0416-2282001 & 0416-2232035 |
| | (vi) E-mail ID | gs@cmcvellore.ac.in |
| | (vii) URL of website | www.cmch-vellore.edu |
| | (viii) GPS coordinates of HCF or CBMWTF | Not Applicable. |
| | (ix) Ownership of HCF or CBMWTF | Christian Medical College Vellore Association. |
| | (x) Status of authorization under the Bio-Medical Waste (Management and Handling) Rules | Authorization No: TNPCB/BMWA/BMWJ -021/2015 Dated: 25/08/2015 Valid up to: 05/12/2017 |
| (xi) Status of consent under Water Act and Air Act | Valid up to: 30/06/2017. | |
| 2. | Type of Health Care Facility | |
| | (i) Bedded Hospital | No. of Beds: 83 |
| | (ii) Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | Not Applicable. |
| | (iii) License number and its date of expiry | Not Applicable. |
| 3. | Details of CBMWTF | |
| | (i) Number healthcare facilities covered by CBMWTF | Ken Bio-links - Common Bio-medical Waste Treatment Facility. |
| | (ii) No of beds covered by CBMWTF | Ken Bio-links - Common Bio-medical Waste Treatment Facility. |
| | (iii) Installed treatment and disposal capacity of CBMWTF | Ken Bio-links - Common Bio-medical Waste Treatment Facility. |
| | (iv) Quantity of Biomedical waste treated or disposed by CBMWTF | Ken Bio-links - Common Bio-medical Waste Treatment Facility. |

REHABILITATION INSTITUTE, CMC VELLORE

| | | | | | |
|----|---|---|--|-----------------|---|
| | | | | | |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly basis) | | | | Yellow Category: 616 kg/month. Red Category: 142 kg/month. White: Blue Category: 13 kg/month. General Solid Waste (Garbage) : 2650 kg/month. |
| 5. | Details of the storage, treatment, transportation, processing and Disposal facility | | | | |
| | (i) Details of the on-site storage facility | | Size: Capacity: Provision of on-site : (Cold Storage or any other provision) | | |
| | (ii) Details of the treatment or disposal facilities | Type of Treatment | No of units | Capacity kg/day | Quantity treated or disposed in kg per annum |
| | | Incinerator 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 authorised recyclers after treatment in kg per annum. | | Not Applicable. | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste. | | 3. | | |
| | (v) Details of incineration ash and ETP Sludge generated and disposed during the treatment of wastes in kg per annum. | | Not Applicable. | | |
| | (vi) Name of the Common Bio-medical Waste Treatment Facility Operator through which wastes are disposed of | | Ken Bio-links - Common Bio-medical Waste Treatment Facility. | | |
| | (vii) List of member HCF not handed over bio-medical waste. | | NIL | | |
| 6. | Do you have bio-medical waste | | | | |

REHABILITATION INSTITUTE, CMC VELLORE

| | | | |
|-----|---|--|------------------------|
| | management committee? If yes, attach minutes held during in the reporting period. | | YES, Minutes enclosed. |
| 7. | Details trainings conducted on BMW | | |
| | (i) Number of trainings conducted on BMW management | | 79 per annum |
| | (ii) Number of personnel trained | | 2524 per annum |
| | (iii) Number of personnel trained at the time of induction | | 1167 per annum |
| | (iv) Number of personnel not undergone any training so far | | NIL |
| | (v) Whether standard manual for training is available? | | Yes. |
| 8. | Details of accident occurred during the year | | |
| | (i) Number of accident occurred | | NIL |
| | (ii) Number of persons affected | | NIL |
| | (iii) Remedial action taken (please attach details if any) | | NIL |
| | (iv) Any Fatality 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? | | |
| | Not Applicable. | | |
| | Details of continuous online emission monitoring systems installed | | |
| | Not Applicable. | | |
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | | |
| | Parameters are within the Standards | | |
| 11. | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | |
| | Parameters are within the Standards | | |
| 12. | Any other relevant information. | | |
| | Nil | | |

Certified that the above report is for the period from January 2016 to December 2016

.....
...

Name and Signature of the Head of
the Institution

Date: 30.06.2017

Place: Vellore