**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)

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| --- | --- | --- |
| Sl.No. | Particulars |  |
| 1 . | Particulars of the Occupier | **M/s Svethansh & Company** |
| (i) Name of the authorised person (occupier oroperator of facility) | Mr. K. Pramod Reddy |
|  | (ii) Name of HCF or CBMWTF | **M/s Svethansh & Company** |
| (iii) Address for Correspondence : | Sy.No.214/A/1, Shapur Village, Khila Ghanpur Mandal, Telangana State. |
| (iv) Address of Facility | Sy.No.214/A/1, Shapur Village, Khila Ghanpur Mandal, Telangana State. |
| (v)Tel. No, Fax. No | 9000942444 |
| (vi) E-mail ID | svethansh@yahoo.com, pramod\_reddy81@yahoo.com |
| (vii) URL of Website | www.svethanshbio.com |
| (viii) GPS coordinates of HCF or CBMWTF | 16°32'07.9"N 78°02'56.0"E |
| (ix) Ownership of HCF or CBMWTF(State Government or Private orSemi Govt. or any other) | Partnership |
| (x). Status of Authorisation under the Bio-MedicalWaste (Management and Handling) Rules | Authorisation No.: 632/TSPCB/BMW/CBMWTF/MBNR/2008-844, Dated:26.06.2016valid up to : 2021. |
| (xi). Status of Consents under Water Act and AirAct | Valid up to: 31.01.2021 |
| 2. | Type of Health Care Facility |  |
| (i) Bedded Hospital | No. of Beds: NA |
| (ii) Non-bedded hospital(Clinic or Blood Bank or Clinical Laboratory orResearch Institute or Veterinary Hospital or anyother) | -NA- |
| (iii) License number and its date of expiry | -NA- |
| 3. | Details of CBMWTF | **M/s Svethansh & Company** |
|  | (i) Number healthcare facilities covered byCBMWTF | 164 |
|  | (ii) No of beds covered by CBMWTF | 3626 |
|  | (iii) Installed treatment and disposal capacity ofCBMWTF: | Incinerator - 100 Kg Per Hour |
|  | (iv) Quantity of biomedical waste treated or disposedby CBMWTF | 490 kg/day |
| 4. | Quantity of waste generated or disposed in Kg perannum (on monthly average basis) | Yellow Category : 1,15,213 kgs per year /9,601 kgs per month.Red Category : 46,043 kgs per year / 3836 kgs per monthWhite:15,954 kgs per year / 1329 KGS per monthBlue Category : 2188 kgs per year / 182 kgs per monthGeneral Solid waste: Nil. |
| 5 |
|   | (i) Details of the on-site storagefacility | Size : |  |
| Capacity : |  |
| Provision of on-site storage : (cold storage orany other provision) |  |
|  | disposal facilities | Type of treatmentequipment | Noofunits | Capacity Kg/day | QuantityTreated ordisposedin kgperannum |
| IncineratorsPlasma PyrolysisAutoclavesMicrowaveHydroclaveShredderNeedle tip cutter ordestroyerSharpsencapsulation orconcrete pitDeep burial pits:Chemicaldisinfection:Any other treatmentequipment: | 1 | 100 Kg/Hr | 115213 kgs in 2017 |
| - | - | - |
| 1 | 200 Litres/cycle | 46043 kgs in 2017 |
|  |  |  |
| 1 |  50 Kg/Hr | Autoclave waste |
|  |  |  |
|  | Sent to TSDF |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | (iii) Quantity of recyclable wastessold to authorized recyclers afterTreatment in kg per annum. | Red Category Red Category (like plastic, glass etc.)36000 Kgs (Total mixed waste after autoclave) |
|  | (iv) No of vehicles used for collectionand transportation of biomedicalwaste | Total-3 No's On Route- 3 No's Stand By-0  |
|  | (v) Details of incineration ash andETP sludge generated and disposedduring the treatment of wastes in Kg per annum |  | Quantitygenerated | Wheredisposed |
| Incineration |  | By incineration |
| Ash | 9000 | Sent to TSDF |
| ETP Sludge |  | Sent to TSDF |
|  | (vi) Name of the Common Bio-Medical Waste Treatment FacilityOperator through which wastes aredisposed of | M/s Svethansh & Company |
|  | (vii) List of member HCF not handedOver bio-medical waste. |  |
| 6 | Do you have bio-medical wasteManagement committee? If yes, attachminutes of the meetings held duringthe reporting period | - |
| 7 | Details of trainings conducted on BMW |  |
| (i) Number of trainings conducted onBMW Management. | 15 |
|  | (ii) number of personnel trained | 275 |
|  | (iii) number of personnel trained atthe time of induction | 10 |
|  | (iv) number of personnel notundergone any training so far | Nil |
|  | (v) whether standard manual forTraining is available? | Yes |
|  | (vi) any other information) |  |
| 8 | Details of the accident occurredduring the year | Nil |
| (i) Number of Accidents occurred | Nil |
| (ii) Number of the persons affected | Nil |
| (iii) Remedial Action taken (Pleaseattach details if any) | Nil |
| (iv) Any Fatality occurred, details. | Nill |
| 9. | Are you meeting the standards of airPollution from the incinerator? Howmany times in last year could not metthe standards? | Yes |
|  | Details of Continuous online emissionmonitoring systems installed | CEMS Connected to CPCB & TSPCB |
| 10 | Liquid waste generated and treatmentmethods in place. How many timesyou have not met the standards in ayear? | NA |
| 11 | Is the disinfection method orsterilization meeting the log 4standards? How many times you havenot met the standards in a year? | ‘Yes’ as per log 4 |
| 12 | Any other relevant information | Air Pollution Control Devices attached with theIncinerator |

Certified that the above report is for the period from

Jan’2017 to Dec’2017

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K. Pramod Reddy

Managing Partner

Date:30.06.2018

Place:Hyderabad