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| Your Annual Report number is 7581290 |
| |  | | --- | |  |  |  | | --- | |  |  |  |  | | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | |  |  |  |  | | --- | --- | | **Particulars of the Occupier** | | | **Annual report submit for year** | **2019** | | **Name of the authorized person (occupier or operator of facility)** | **Rajeev** | | **Name of HCF or CBMWTF** | **aastha eye centre** | | **Address for Correspondence** | **5R5 NIT, Faridabad** | | **Address of Facility** | **5R 5NIT Faridabad** | | **Tel. No.** | **9811605066** | | **Fax. No.** | |  |  | | --- | --- | |  |  | | | **E-mail ID** | **aasthaeyecentrefaridabad@gmail.com** | | **URL of Website** |  | | **GPS coordinates of HCF of CBMWTF** |  | | **Ownership of HCF of CBMWTF** | **Private** | | **Status of Authorization under the Bio-Medical Waste (Managementand Handing) Rules** | |  |  | | --- | --- | | Authorization No. | BMW18FDBD542677 | | | |  |  | | --- | --- | | Valid Upto | 31/03/2021 | | | **Status of Consents under Water Act and Air Act.** | |  |  | | --- | --- | | Valid Upto | 31/03/2021 | | | | |  |  | | --- | --- | | **Health Care Facilities Details** | | | **HCF/CBMWTF Type \*** | **HCF** | | **No. of Beds(for Bedded Hospital)** | **10** | | **Non-Bedded Hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)** | **bedded** | | **License Number** | **0054** | | **License Date of Expiry** | **30/03/2022** | | | |  |  | | --- | --- | | **Quantity of Waste Generated** | | | **Quantity of waste generated or disposed in Kg per annum (on monthly average basis)** | |  |  | | --- | --- | | **Yellow Category** | 6 | | **Red Category** | 8 | | **White** | 1 | | **Blue Category** | 2 | | **General Solid Waste** | 10 | | | | |  |  | | --- | --- | | **Storage, Treatment, Transportation, Processing and Disposal Facility Details** | | | **Details of the on-site storage facility** | |  |  | | --- | --- | | Size | MEDIUM | | Capacity | 32 | | |  |  | | --- | --- | | Provision of on-site storage | 0 | | (cold storage or any other provision) |  | | | | | **Disposal Facilities** | |  |  |  | | --- | --- | --- | |  | [View](https://hrocmms.nic.in/OCMMS/bmwRenew/showBmwRenew/BmwRenew+%3A+7581290?bmwRenewId=7581290&industryRegMasterId=976732) |  | | | **Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.** | **0 Red Category (like plastic, glass etc.)**   |  | | --- | |  | |  | | | **No of vehicles used for collection and transportation of biomedical waste.** | **1** | | **Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)** | |  |  |  | | --- | --- | --- | |  | [View](https://hrocmms.nic.in/OCMMS/bmwRenew/showBmwRenew/BmwRenew+%3A+7581290?bmwRenewId=7581290&industryRegMasterId=976732) |  | | | **Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of** | **GOLDEN EAGLE WASTE MANAGEMENT COMPANY** | | **List of member HCF not handed over bio-medical waste.** | [**download**](https://hrocmms.nic.in/OCMMS/bmwRenew/downloadUploadedDoc?bmwRenewId=7581290) | | | |  |  | | --- | --- | | **Bio Medical Waste Management Committee** | | | **Do you have bio-medical waste management committee?** | |  | | --- | | yes | | attached report   [**download**](https://hrocmms.nic.in/OCMMS/bmwRenew/downloadUploadedDocManagementCommittee?bmwRenewId=7581290) | | | **Training Conducted on BMW Details** | | | **Number of training conducted on BMW Management.** | **3** | | **Number of personnel trained** | **19** | | **Number of personnel trained at the time of induction** | **2** | | **Number of personnel not undergone any training so far.** | **0** | | **Whether standard manual for training is available ?** | **yes** | | **Any other information** | **no** | | | |  |  | | --- | --- | | **Accident Occurred** | | | **Number of Accidents occurred** | **0** | | **Number of the persons affected** | **0** | | **Remedial Action taken (Please attach details if any)** | **0** | | **Any Fatality occurred, details.** | **no** | | | |  |  | | --- | --- | | **Other Details** | | | **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** | | **Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.** | **N/A** | | **It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?** | **N/A** | | **Any other relevant information** | |  | | --- | | **NO** | | (Air Pollution Control Device attached with the incinerator) | | | |