

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)]

S.no	Particulars		
1	Particulars of the Occupier		
	(i) Name of the authorised person (occupier or : operator of facility)	:	Dr. J. Sivakumaran Chief Operating Officer
	(ii) Name of HCF or CBMWTF	:	KMCH
	(iii) Address for Correspondence	:	Kovai Medical Center and Hospital
	(iv) Address of Facility	:	Post box no: 99, Avinashi road, Cbe-14
	(v) Tel. No, Fax. No	:	0422-4323800
	(vi) E-mail ID	:	vadivelk@kmchhospitals.com
	(vii) URL of Website	:	www.kmchhospitals.com
	(viii) GPS coordinates of HCF or CBMWTF	:	--Nil--
	(ix) Ownership of HCF or CBMWTF	:	HCF Private. (State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the BMW(Management and Handling) Rules	:	Authorization No:- 21BAC34541757 dt:- 07/01/2021
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.03.2025
2	Type of Health Care Facility		
	(i) Bedded Hospital	:	No. of Beds: 1650 beds
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	--Nil--
	(iii) License number and its date of expiry	:	--Nil--
3	Details of CBMWTF		
	(i) Number healthcare facilities covered by CBMWTF	:	--Nil--
	(ii) No of beds covered by CBMWTF	:	--Nil--
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	--Nil--
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	--Nil--
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 2,81,504 kg/year Red Category : 3,06,193 kg/year Yellow (cytotoxic) : 2,031 kg/year Blue Category : 64,429 kg/year

		White(sharp container) : 13,362 kg/year																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
	(i) Details of the on-site storage facility	: Size : L 16ft X B 40ft X H 8.4ft																																																
		: Capacity : 5 tons																																																
		: Provision of on-site storage : -- (cold storage or any other provision)																																																
	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>1</td> <td>Washing And Sterile (KW4)</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>Having Puncher Proof Container for Destroyer purpose.</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>2</td> <td>100 lit</td> <td>Online Chlorine Dosing Tank</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	1	Washing And Sterile (KW4)	--	Microwave	--	--	--	Hydroclave	--	--	--	Shredder	--	--	--	Needle tip cutter or destroyer	--	--	Having Puncher Proof Container for Destroyer purpose.	Sharps encapsulation or concrete pit	--	--	--	Deep burial pits:	--	--	--	Chemical disinfection:	2	100 lit	Online Chlorine Dosing Tank	Any other treatment equipment:	--	--	--
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	: --Nil-- Red Category (like plastic etc.)																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	: M/s Tekno Therm Industries (Private vehicle)																																																

	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	:	<table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration</td> <td>--</td> <td>--</td> </tr> <tr> <td>Ash</td> <td>--</td> <td>--</td> </tr> <tr> <td>ETP Sludge</td> <td>--</td> <td>--</td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration	--	--	Ash	--	--	ETP Sludge	--	--
	Quantity generated	Where disposed													
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	--Tekno therm--												
	(vii) List of member HCF not handed over bio-medical waste.	:	--Nil--												
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	:	Yes, Biomedical waste management Committee (once in six month)												
7	Details trainings conducted on BMW														
	(i) Number of trainings conducted on BMW Management.	:	Yes, Details enclosed (include ICN training also)												
	(ii) number of personnel trained	:	12 persons.												
	(iii) number of personnel trained at the time of induction	:	12 persons.												
	(iv) number of personnel not undergone any training so far	:	--Nil--												
	(v) whether standard manual for training is available?	:	Yes. Standard manual for training is available												
	(vi) any other information)	:	--Nil--												
8	Details of the accident occurred during the year														
	(i) Number of Accidents occurred	:	--Nil--												
	(ii) Number of the 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?	:	--Nil--												
	Details of Continuous online emission monitoring systems installed	:	--Nil--												
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	:	1.0 % Sodium hypo-chloride												
11	Is the disinfection method or sterilization meeting the log 4	:	--autoclave--												

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

Certified that the above report is for the period from **Jan 2024 to Dec 2024**

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For Kovai Medical Center and Hospital Limited



Authorised Signatory

Name and Signature of the Head of the Institution

Date:

Place: Coimbatore