

From -IV  
(See rule 13)  
Annual Report

Sl.No	Particulars																																			
1.	Particulars of the Occupier	:																																		
	(i) Name of the authorized person (occupier or operator of facility)	:	Sr. Noreen Madavana																																	
	(ii) Name of HCF or CBMWTF	:	Nazareth Hospital																																	
	(iii) Address for Correspondence	:	Laitumkhrach, Shillong, 793003, Meghalaya																																	
	(i) Address of Facility	:	-----do-----																																	
	(ii) Tel. No. Fax. No.	:	0364 2225042 / 2210188: Fax 0364 2507539																																	
	(V) E-mail ID	:	nazarethshillong@gmail.com																																	
	(i) URL of Website	:	www.nazarethshillong.in																																	
	(ii) GPS coordinates of HCF of CBMWTF	:	25.5714° N, 91.8980° E																																	
	(iii) Ownership of HCF of CBMWTF	:	Private																																	
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	:	Authorization No: MPCB/BMW-4/2018-2019/98 Valid up to : 31 <sup>st</sup> December, 2020																																	
	(v) Status of Consents under Water Act and Air Act.	:	Valid up to: 31 <sup>st</sup> December, 2019																																	
2.	Type of Health Care Facility	:	Tertiary Care																																	
	(i) Bedded Hospital	:	No. of Beds:366																																	
	(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.	:	HSM/H&D/RONH/11/2016/5 & March 2021																																	
3.	Details if CBMWTF	:	NA																																	
	(i) Number healthcare facilities covered by CBMWTF	:	NA																																	
	(ii) No. of beds covered by CBMWTF	:	NA																																	
	(iii) Installed treatment and disposal capacity of CBMWTF	:	NA																																	
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	NA																																	
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category (Soiled): 3281 kg/month Yellow Category (Cytotoxic): 7 kg/month White: 94 kg / month Red Category: 1816kg/month General Solid waste: 13062kg /month																																	
Details of the Storage , treatment, transportation, processing and disposal Facility																																				
	(i) Details of the on-site storage facility	:	Size : NA Capacity: NA Provision of on-site storage : (cold storage or any other provision) NA																																	
	(ii) Disposal Facilities	:	<table border="1"> <thead> <tr> <th>Type of Equipment</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity treated in Kg per year</th> </tr> </thead> <tbody> <tr> <td>Incinerator</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</td> <td>30</td> <td>3</td> <td>1128</td> </tr> </tbody> </table>	Type of Equipment	No of Units	Capacity Kg/day	Quantity treated in Kg per year	Incinerator	-	-	-	Plasma Pyrolysis	-	-	-	Autoclaves	-	-	-	Microwave	-	-	-	Hydroclave	-	-	-	Shredder	-	-	-	Needle tip cutter or	30	3	1128	
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	(iii) Quantity of recyclable wastes sold to authorised recyclers after treatment in kg per annum.	21792kg
	(iv) No of vehicles used for collection and transportation of biomedical waste.	NA
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)	ETP Sludge: 4 kg
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Meghalaya Municipal Biomedical Waste Treatment Facility
	(vii) List of member HCF not handed over bio-medical waste.	NA
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	No. Infection Control Committee also oversees BMW management.
7.	Detail trainings conducted on BMW	
	(i) Number of training conducted on BMW Management.	26
	(ii) Number of personnel trained	703
	(iii) Number of personnel trained at the time of induction	268
	(iv) Number of personnel not undergone any training so far.	NIL
	(v) Whether standard manual for training is available?	Yes
	(vi) Any other information)	None
8.	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	-
	(iii) Remedial Action taken (Please attach details if any)	-
	(iv) Any Fatality occurred, details.	-
	Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?	NA
	Details of Continuous online emission monitoring systems installed	NA
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.	Yes. However, repeat of ETP effluent standards has not been performed by MPCB since November 2017
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Yes. Standards always met.
12.	Any other relevant information	(Air Pollution Control Device attached with the incinerator.) NA

I hereby certify that the above report is for the period from June 2018 to May 2019.

Date: 21<sup>st</sup> June, 2019

Place: Shillong