To,
The Senior Environmental Officer, (Bio-Medical Cell)
Karnataka State Pollution Control Board, No:49, Parisara Bhavan, Church Street, Bangalore.

Dear sir,
Sub: Submitting Of Annual Report (CBWTF)

With reference to the above subject, we are hereby submitting the annual report by Form-4 as per Bio Medical Waste Handling Rules-2016 from 01-01-2017 to 31-12-2017 for your kind reference.

This is for your kind information.


## Enclosed:1) Form 1 (Nil Accident Report) as per rule 5(O.)

2)List of HCEs for not taking services within Medicare Jurisdiction.

Copy to: 1).Regional Environmental Officer, (Nelamangala), K.S.P.C.B , Bangalore.
2).Member Secretory, K.S.P.C.B, Bangalore.
3). Regional Environmental Officer, C.P.C.B, Bangalore.

## 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)] |
| :--- |
| Particulars |
| SL No |





## Place: BANCALORA.

FORM - I
[ (See rule 4(o), 5(i) and 15 (2)]

## ACCIDENT REPORTING

1. Date and time of accident : ..... Nil
2. Type of Accident : ..... Nil
3. Sequence of events leading to accident : ..... Nil
4. Has the Authority been informed immediately : ..... Nil
5. The type of waste involved in accident :
6. Assessment of the effects of the accidents on human health and the environment: Nil
7. Emergency measures taken :Nil
8. Steps taken to alleviate the effects of accidents : ..... Nil
9. Steps taken to prevent the recurrence of such an accident : ..... Nil
10. Does you facility has an Emergency Control policy? If yes give details: Yes, Enclosed site emergency plan.

## This report is for the period of 01.01.2017 to 31.12.2017



Place: .....Anl.nAco R

