Form - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30_{th} 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)

Sl. No.	Particulars	
1.	Particulars of the Occupier	Medicare Environmental Management Pvt Ltd.,
	(i) Name of the authorised person (occupier or operator of facility)	Mr.T K Sridhar
	(ii) Name of HCF or CBMWTF	Medicare Environmental Management Pvt Ltd.,
	(iii) Address for Correspondence :	Sy.No.619,Pashamylaram Indl.Area,Isnapur Village,Patancheru Mandal,Medak (Dt)
	(iv) Address of Facility	Sy.No.619,Pashamylaram Indl.Area,Isnapur Village,Patancheru Mandal,Medak (Dt)
	(v)Tel. No, Fax. No	77607 14743
	(vi) E-mail ID	Sridhar.tk@ramky.com
	(vii) URL of Website	
	(viii) GPS coordinates of HCF or CBMWTF	CBMWTF
	(ix) Ownership of HCF or CBMWTF(State Government or Private or Semi Govt. or any other)	Private
	(x). Status of Authorisation under the Bio-Medical	Authorisation No.:01/TSPCB/BMWM/CBMWTF/SR-1-1855
	Waste (Management and Handling) Rules	valid up to : 28.02.2022
	(xi). Status of Consents under Water Act and Air Act	Valid up to:
	Type of Health Care Facility	
	(i) Bedded Hospital	No. of Beds:
2.	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	NA
	(iii) License number and its date of expiry	NA

3.	Details of CBMWTF	Medicare Environmental Management Pvt Ltd.,				
	(i) Number healthcare facilities covered by CBMWTF	1027				
	(ii) No of beds covered by CBMWTF	16,418				
	(iii) Installed treatment and disposal capacity of	Incinerator - 250 Kg Per Hour				
	CBMWTF:					
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	5485 Kgs/day				
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category: 13,05,643 Kgs Red Category: 3,09,547 Kgs White:1,19,724 Kgs Blue Category: 1,05,501 General Solid waste:Nill				
5		•				
	(i) Details of the on-site storage facility	Size : Capacity : Provision of on-site storage : (cold storage or any other provision)				
	disposal facilities	Type of treatment equipment	No of units	Capacit	y Kg/Day	Quantity Treated or disposed in kg per annum
		Incinerators	1	250 Kg	/Hr	13,05,643 Kgs
		Plasma Pyrolysis	-	-		-
		Autoclaves	1	3000 L	iters	5,34,772 Kgs
		Microwave Hydroclave 2		1) 150	V a/Ur	
		Shredder	<u> </u>	1) 150 Kg/Hr 2) 100 Kg/Hr Stand By		
		Needle tip cutter or				

		T -		
		destroyer		
		Sharps		
		encapsulation		
		or .		
		concrete pit		
		D 1 1 1		
		Deep burial		
		pits:		
		C1 : 1		
		Chemical		
		disinfection:		
		Any other		
		treatment		
		equipment:		
	(iii) Quantity of recyclable wastes	Red Category (1	like plastic, glass	s etc.)
	sold to authorized recyclers after	3,09,547 Kgs	_	
	Treatment in kg per annum.			
	(iv) No of vehicles used for collection	10 Vehicles		
	and transportation of biomedical			
	waste			
	(v) Details of incineration ash and		Quantity	Where
	ETP sludge generated and disposed		generated	disposed
	during the treatment of wastes in Kg per	Incineration	13,05,643	By Incineration
	annum	Ash	78,339	Sent to TSDF
		ETP Sludge	19,585	Sent to TSDF
	(vi) Name of the Common Bio-	Bio Medical Wa	•	
	Medical Waste Treatment Facility	Bio inicalcal viv	aste	
	Operator through which wastes are			
	disposed of			
	(vii) List of member HCF not handed	_		
	Over bio-medical waste.			
6	Do you have bio-medical waste	-		
	Management committee? If yes, attach			
	minutes of the meetings held during			
	the reporting period			
7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on	00 HCE?~		
	BMW Management.	99 HCE's		
	(ii) number of personnel trained	Total 2,000 Me	mbers trained	
	(iii) number of personnel trained at	8 No's		
<u></u>	the time of induction	0 100 8		
	(iv) number of personnel not	Nill		
	undergone any training so far			
	(v) whether standard manual for	Available		
	Training is available?			
	(vi) any other information)			
8	Details of the accident occurred	Nill		
ĺ	during the year			
	(i) Number of Accidents occurred	Nill		

	(ii) Number of the persons affected	Nill
	(iii) Remedial Action taken (Please	Nill
	attach details if any)	
	(iv) Any Fatality occurred, details.	Nill
9.	Are you meeting the standards of air	
	Pollution from the incinerator? How	Yes we are meeting the standards of Air Pollution from
	many times in last year could not met	the Incinerator
	the standards?	
	Details of Continuous online emission	CEMS Connected to CPCB
	monitoring systems installed	
10	Liquid waste generated and treatment	NA
	methods in place. How many times	
	you have not met the standards in a	
	year?	
11	Is the disinfection method or	
	sterilization meeting the log 4	Yes We are meeting the standards as per log 4
	Standards? How many times you have	Tes we are meeting the standards as per log 4
	Not met the standards in a year?	
12	Any other relevant information	(Air Pollution Control Devices attached with the
		Incinerator)

Certified that the above report is for the period from

Jan'2018 to Dec'2018
Name and Signature of the Head of the Institution
Date:
Date.
Place: