

BMW

Annexure 4

FORM IV: ANNUAL REPORT 2016

S. No.	Particulars	2016	
1.	Particulars of Occupier	SVIMS / IRUPATHI	
	I. Name of Authorized Person (Occupier or Operator)	A.W.M. CONSULTING LIMITED,	
	II. Name of HCF or CBWTF :	ANNAMAIAH WASTE MANAGEMENT	
	III. Address for Correspondence :	SY. NO. 4, PACHHICAPALLAM VILLAGE	
	IV. Address of Facility	VEDURU KUPPANI (M) CHITTOOR (DT)	
	V. Tel. No, Fax. No :	awm-18, @rediffmail.com	
	VI. E-mail ID :	www. APPCB, APIN	
	VII. URL of Website		
	VIII. GPS coordinates of HCF or CBWTF	Yes	
	IX. Ownership of HCF or CBWTF	(State Government or Private or Semi Govt. or any other)	
	X. Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization Number APPCB-1102/128/2018 I.E.C.-CFO.-APPCB Valid Up to : 31-10-2020	
	XI. Status of Consents under Water Act and Air Act	Valid Up to : 31-10-2020	
2.	Type of Health Care Facility		
	I. Bedded Hospital:	No. of Beds: 650	
	II. Non-bedded health care facility (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	400 Hospitals (Total Chittoor District)	
	III. License number and its date of Expiry	AWM/TPT/200 31-10-2020	
3.	Details of CBWTF		
	I. Number healthcare facilities covered by CBWTF	400 Hospitals	
	II. No of beds covered by CBWTF :	650 Beds	
	III. Installed treatment and disposal capacity of CBWTFkg/day	
	IV. Quantity of biomedical waste treated or disposed by CBWTFkg/day	
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) <u>2016</u>	Category	Quantity(kg/annum)
		Yellow	18,986
		Red	2,372
		Blue	1683
		White	237

	VI. Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	YELLOW, RED, WHITE, BLUE
	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	YES
7.	Details of Training conducted on BMW	YES
	I. Number of trainings conducted on	Training Register Available -
	II. BMW Management	
	III. number of personnel trained	520 NOS
	IV. number of personnel trained at the time of induction	50 NOS
	V. number of personnel not undergone any training so far	NIL
	VI. Whether standard manual for training is available?	YES
	VII. Any other Information	
8.	Details of Accident Occurred	
	I. Number of Accidents occurred	LIST enclosed
	II. Number of the persons affected	11
	III. Remedial Action taken (Please attach details if any)	LIST enclosed
	IV. Any fatality occurred, details	-
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standards?	-
	Details of Continuous online emission monitoring systems installed	-
10.	Liquid waste generated and treatment 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 standards? How many times you have not met the standards in a year?	-
12.	Any other relevant information	(Air Pollution Control Devices attached with the

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

	Incinerator)
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Certified that above report is for the period from

..... 1-1-2011 31-8-11

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[Handwritten Signature]

Name and Signature of Head of Institution

MEDICAL SUPERINTENDENT
S.V. INSTITUTE OF MEDICAL SCIENCES
TIRUPATI-517 507

Date:

Place

[Handwritten Signature]
TPS

BMW

Annexure

FORM IV: ANNUAL REPORT 2017

S. No.	Particulars	2017										
1.	Particulars of Occupier	SVIMS TIRUPATHI										
	I. Name of Authorized Person (Occupier or Operator)	ANM CONSULTING LIMITED TPT										
	II. Name of HCF or CBWTF :	ANNAMMAIAH WASTE MANAGEMENT										
	III. Address for Correspondence :	M/S ANM CONSULTING LIMITED										
	IV. Address of Facility	SYNOIL, PACHAIKAPALAM VILLAGES										
	V. Tel. No, Fax. No :	VEDURU KUPPAM MANDAL, CHITTOOR (DT)										
	VI. E-mail ID :	anm-18@rediffmail.com 086624367										
	VII. URL of Website	W.W.W APPPCB, A.D. IN										
	VIII. GPS coordinates of HCF or CBWTF	YES										
	IX. Ownership of HCF or CBWTF	(State Government or Private or Semi Govt. or any other)										
	X. Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization Number APPCB-11022/128/2018 T.E.C.-C.F.O.-APPCB Valid Up to : 31-10-2020										
	XI. Status of Consents under Water Act and Air Act	Valid Up to : 31-10-2020										
2.	Type of Health Care Facility											
	I. Bedded Hospital:	No. of Beds: 650										
	II. Non-bedded health care facility (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	400 Hospitals (Total Chittoor DT)										
	III. License number and its date of Expiry	ANM/TPT/200 31-10-2020										
3.	Details of CBWTF											
	I. Number healthcare facilities covered by CBWTF	400 Hospitals										
	II. No of beds covered by CBWTF	650 Beds										
	III. Installed treatment and disposal capacity of CBWTFkg/day										
	IV. Quantity of biomedical waste treated or disposed by CBWTFkg/day										
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) 2017	<table border="1"> <thead> <tr> <th>Category</th> <th>Quantity(kg/annum)</th> </tr> </thead> <tbody> <tr> <td>Yellow</td> <td>18,980</td> </tr> <tr> <td>Red</td> <td>2,847</td> </tr> <tr> <td>Blue</td> <td>1,660</td> </tr> <tr> <td>White</td> <td>230</td> </tr> </tbody> </table>	Category	Quantity(kg/annum)	Yellow	18,980	Red	2,847	Blue	1,660	White	230
Category	Quantity(kg/annum)											
Yellow	18,980											
Red	2,847											
Blue	1,660											
White	230											

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

	VI. Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Yellow; RED; WHITE; BLUE
	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	Yes
7.	Details of Training conducted on BMW	Yes
	I. Number of trainings conducted on	REGISTER AVAILABLE
	II. BMW Management	
	III. number of personnel trained	420 No
	IV. number of personnel trained at the time of induction	50 No
	V. number of personnel not undergone any training so far	NIL
	VI. Whether standard manual for training is available?	Yes
	VII. Any other Information	
8.	Details of Accident Occurred	
	I. Number of Accidents occurred	LIST enclosed
	II. Number of the persons affected	"
	III. Remedial Action taken (Please attach details if any)	LIST enclosed
	IV. Any fatality occurred, details	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standards?	-
	Details of Continuous online emission monitoring systems installed	-
10.	Liquid waste generated and treatment 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 standards? How many times you have not met the standards in a year?	-
12.	Any other relevant information	(Air Pollution Control Devices attached with the

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

		Incinerator)
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Certified that above report is for the period from

1-1-17 TO 31-12-17

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[Signature]

Name and Signature of Head of Institution

MEDICAL SUPERINTENDENT
S. V. INSTITUTE OF MEDICAL SCIENCES
TIRUPATI-517 507

Date:

Place

TPT

BMW

Annexure 4

FORM IV: ANNUAL REPORT 2018

S. No.	Particulars	2018										
1.	Particulars of Occupier	SVINIS; TIRUPATHI										
	I. Name of Authorized Person (Occupier or Operator)	AWM, CONSULTING LIMITED, TPT										
	II. Name of HCF or CBWTF :	ANNAMALAI WASTE MANAGEMENT										
	III. Address for Correspondence :	M/S AWM CONSULTING LIMITED										
	IV. Address of Facility	SYNOIL; PACHHIKAPALLARI VILLAGE										
	V. Tel. No, Fax. No :	VEDUSTUKUPPAM, CHITTOOR(DT) 086624362										
	VI. E-mail ID :	awm-18@rediffmail.com										
	VII. URL of Website	www.APCB, APIN										
	VIII. GPS coordinates of HCF or CBWTF	YES										
	IX. Ownership of HCF or CBWTF	(State Government or Private or Semi Govt. or any other)										
	X. Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization Number APCB-11022/128/2018 T.E.C.-C.F.O., APCB Valid Up to : 31-10-2020										
	XI. Status of Consents under Water Act and Air Act	Valid Up to : 31-10-2020										
2.	Type of Health Care Facility											
	I. Bedded Hospital:	No. of Beds: 650 Beds										
	II. Non-bedded health care facility (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	400 Hospitals Total chittoor(DT)										
	III. License number and its date of Expiry	AWM/TPT/200 31-10-2020										
3.	Details of CBWTF											
	I. Number healthcare facilities covered by CBWTF	400 HOSPITALS										
	II. No of beds covered by CBWTF :	650 Beds										
	III. Installed treatment and disposal capacity of CBWTFkg/day										
	IV. Quantity of biomedical waste treated or disposed by CBWTFkg/day										
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) 2018	<table border="1"> <thead> <tr> <th>Category</th> <th>Quantity(kg/annum)</th> </tr> </thead> <tbody> <tr> <td>Yellow</td> <td>23 360</td> </tr> <tr> <td>Red</td> <td>4 380</td> </tr> <tr> <td>Blue</td> <td>700</td> </tr> <tr> <td>White</td> <td>176</td> </tr> </tbody> </table>	Category	Quantity(kg/annum)	Yellow	23 360	Red	4 380	Blue	700	White	176
Category	Quantity(kg/annum)											
Yellow	23 360											
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	VI. Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Yellow; Red; WHITE; BLUE
	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	YES
7.	Details of Training conducted on BMW	YES
	I. Number of trainings conducted on	TRAINING REGISTER AVAILABLE
	II. BMW Management	
	III. number of personnel trained	42000
	IV. number of personnel trained at the time of induction	5000
	V. number of personnel not undergone any training so far	NIL
	VI. Whether standard manual for training is available?	YES
	VII. Any other Information	-
8.	Details of Accident Occurred	-
	I. Number of Accidents occurred	LIST enclosed
	II. Number of the persons affected	LIST enclosed
	III. Remedial Action taken (Please attach details if any)	-
	IV. Any fatality occurred, details	-
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standards?	-
	Details of Continuous online emission monitoring systems installed	-
10.	Liquid waste generated and treatment 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 standards? How many times you have not met the standards in a year?	-
12.	Any other relevant information	(Air Pollution Control Devices attached with the

Guidelines for Implementation of Bio-medical Waste Management Rules by Healthcare Facilities

	Incinerator)
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Certified that above report is for the period from

..... 1-1-18 to 31-12-18

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[Signature]

Name and Signature of Head of Institution

MEDICAL SUPERINTENDENT
S.V. INSTITUTE OF MEDICAL SCIENCES
TIRUPATI-517 507

Date:

Place

TPS

B MW
FORM IV: ANNUAL REPORT 2019

S. No.	Particulars	2019										
1.	Particulars of Occupier	SVINS, TIRUPATI										
	I. Name of Authorized Person (Occupier or Operator)	A.W.M., CONSULTING LIMITED, TPT.										
	II. Name of HCF or CBWTF :	ANNAMIAH WASTE MANAGEMENT,										
	III. Address for Correspondence :	M/S AWM CONSULTING LIMITED,										
	IV. Address of Facility	Sy No: 4, PACHIKAPALAM VILLAGE,										
	V. Tel. No, Fax. No :	VEDURU KUPPAM, CHITTOOR DISTRICT. 0866243621										
	VI. E-mail ID :	awm_18@rediffmail.com										
	VII. URL of Website	N.W.W. APPCB, AP. IN										
	VIII. GPS coordinates of HCF or CBWTF	YES										
	IX. Ownership of HCF or CBWTF	(State Government or Private or Semi Govt. or any other)										
	X. Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization Number APPCB-11022/128/2018- TEC-CFO-APPCB Valid Up to : 31/10/2020										
	XI. Status of Consents under Water Act and Air Act	Valid Up to : 31.10.2020										
2.	Type of Health Care Facility											
	I. Bedded Hospital:	No. of Beds: 1000 Beds										
	II. Non-bedded health care facility (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	4 DD HOSPITAL (TOTAL CHITTOOR DISTRICT)										
	III. License number and its date of Expiry	AWM/TPT/200 31.10.2020.										
3.	Details of CBWTF											
	I. Number healthcare facilities covered by CBWTF	400 HOSPITALS										
	II. No of beds covered by CBWTF :	1000 Beds.										
	III. Installed treatment and disposal capacity of CBWTFkg/day										
	IV. Quantity of biomedical waste treated or disposed by CBWTFkg/day										
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) 2019	<table border="1"> <thead> <tr> <th>Category</th> <th>Quantity(kg/annum)</th> </tr> </thead> <tbody> <tr> <td>Yellow</td> <td>29,200</td> </tr> <tr> <td>Red</td> <td>3,650</td> </tr> <tr> <td>Blue</td> <td>2,335</td> </tr> <tr> <td>White</td> <td>220</td> </tr> </tbody> </table>	Category	Quantity(kg/annum)	Yellow	29,200	Red	3,650	Blue	2,335	White	220
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	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	yes
7.	Details of Training conducted on BMW	yes
	I. Number of trainings conducted on	TRAINING REGISTER AVAILABLE
	II. BMW Management	
	III. number of personnel trained	420 NO
	IV. number of personnel trained at the time of induction	50 no
	V. number of personnel not undergone any training so far	NIL
	VI. Whether standard manual for training is available?	yes
	VII. Any other information	
8.	Details of Accident Occurred	
	I. Number of Accidents occurred	LIST ENCLOSED
	II. Number of the persons affected	"
	III. Remedial Action taken (Please attach details if any)	LIST ENCLOSED
	IV. Any fatality occurred, details	-
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standards?	-
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11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	-
12.	Any other relevant information	(Air Pollution Control Devices attached with the

COPY ENCLOSED	Incinerator)
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Certified that above report is for the period from

1/5/2018 TO 30/4/2019.

Name and Signature of Head of Institution

Date:

Place TPT

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Sri

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AD(5m)

Director-cum-Vice Chancellor
Sri Venkateswara Institute of Medical Sciences
(Tirumala Tirupati Devasthanams)
TIRUPATI-517 507
Andhra Pradesh, India