BMW.

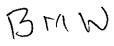
Annexure 4

S.		Particulars	2016	
No.	<u> </u>	·	<u> </u>	
1.	Partic	culars of Occupier Name of Authorized Person	SVIMS TRU	•
	1.	(Occupier or Operator)	A:HM. CONSU	ITING LIMITED,
	11.	Name of HCF or CBWTF:	HAIRMANNA	VASTE MANDGEMENT
	111.	Address for Correspondence :		THHICAPALLAM VILLAGE
	IV.	Address of Facility	May Korr	AMIGM) CHMTOOP (DT)
	V.	Tel. No, Fax. No :	211pm -18 (a)	reditt-mallicom
	VI.	E-mail ID:	WWW. APP	
	VII.	URL of Website		
	VIII.	GPS coordinates of HCF or CBWTF	Yes	
	IX.	Ownership of HCF or CBWTF	any other)	t or Private or Semi Govt. or
	X.	Status of Authorization under the Bio-Medical Waste	Authorization Num	uper APPCB -1102 128 2018
		(Management and Handling) Rules	Valid Up to : 31	-10-2020
	XI.	Status of Consents under Water Act and Air Act	Valid Up to: 31	-10 -2020
2.	Туре	of Health Care Facility		
	1.	Bedded Hospital:	No. of Beds:	50.
	II.	Non-bedded health care facility (Clinic or Blood Bank or Clinical		oritals.
		Laboratory or Research Institute or Veterinary Hospital or any other)	(Total chi	Hon Dintrict)
	III.	License number and its date of Expiry	AWM (TPT)	ର୍ ଡ0 02 ଓ
3.	Deta	ils of CBWTF		
<u> </u>	1.	Number healthcare facilities covered by CBWTF	400 Hom	Pitalo.
	11.	No of beds covered by CBWTF	650 5	zedo ·
	III.	Installed treatment and disposal capacity of CBWTF		kg/day
	IV.	Quantity of biomedical waste treated or disposed by CBWTF		kg/day
4.	Quar	ntity of waste generated or	Category	Quantity(kg/anumn)
•		osed in Kg per annum (on	Yellow	18.986
		thly average basis) 2016	Red	2/372
			Blue	1683
			White	237

	VI. Name of the Common Bio-	
	Medical Waste Treatment	Yellow, RED, WHITE, BLUE
	Facility Operator through	, , , , , , , , , , , , , , , , , , , ,
	which wastes are disposed	
- 1	of	
	VII. List of member HCF not	
}	handed over bio-medical	
	waste	
- <u>-</u>	Do you have bio-medical waste	
6.	Do you have blo-medical waste	Xes.
ļ	management committee? If yes,	, -
	attach minutes of the meetings held	
	during the reporting period	> io -
7.	Details of Training conducted on	yes
	BMW	
	I. Number of trainings	Tstovining Register Avadilable.
	conducted on	0
	II. BMW Management	
-	III. number of personnel trained	480 NOS
	IV. number of personnel trained	ch mas
	at the time of induction	50 MOS
	V. number of personnel not	
	undergone any training so	NIL
	1 •	
	far VI. Whether standard manual	1/06
		Yes
	for training is available?	
	VII. Any other Information	
8.	Details of Accident Occurred	
	Number of Accidents	LIST enclosed
	occurred	
	II. Number of the persons	U · ·
	affected	
-	III. Remedial Action taken	LIST enclosed
	(Please attach details if any)	
	IV. Any fatality occurred, details	
9.	Are you meeting the standards of	
Э.	air Pollution from the incinerator?	-
	How many times in last year	
	could not meet the standards?	
	Details of Continuous online	
	emission	_
	=	
-12	monitoring systems installed	
10.	Liquid waste generated and	
	treatment methods in place. How	
<u> </u>	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?	- Land Control of the
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)
Certified that abo	ve report is for the period from
	1-1-31-6-5
	Denla
	Name and Signature of Head of Institution MEDICAL SUPERINTENDENT
Date:	S. V. INSTITUTE OF MEDICAL SCIENCES TIRUPATI-517 507





	2017	-
No. 1. Particulars of Occupier	SVIME TIR	WPATHI
Name of Authorized Person (Occupier or Operator)	AWM CONSU	LTING LIMITED TPT
II. Name of HCF or CBWTF:	HAIRMANA	WASTE MANAGMENT
III. Address for Correspondence		USOLTING LIMOTED
IV. Address of Facility	SYNO! 4 PAC	HYIKA PALLAM VILLOGIB
V. Tel. No, Fax. No:	vedusy kuppa	MI MANDAL', CHITTOOLDT
VI. E-mail ID:		diffmall.com 0\$662
VII. URL of Website	W.W.W App	
VIII. GPS coordinates of HCF or CBWTF	XES	
IX. Ownership of HCF or CBWT	any other)	nt or Private or Semi Govt, or
X. Status of Authorization under the Bio-Medical Waste	Authorization Nur	476 3018 3018 3018 3018
(Management and Handling) Rules		
XI. Status of Consents under Water Act and Air Act	Valid Up to: 3 \	-10 -8020
2. Type of Health Care Facility		
I. Bedded Hospital:	No. of Beds:	50
II. Non-bedded health care faci (Clinic or Blood Bank or Clin		alptitals
Laboratory or Research Institute or Veterinary Hospit or any other)	al (Total chil	(toon DT)
III. License number and its date Expiry	of AWMI/TPT	1020 2020
3. Details of CBWTF		
I. Number healthcare facilities covered by CBWTF	400 (10	in Pifaln
II. No of beds covered by CBW :	TF 650 P	
III. Installed treatment and disposal capacity of CBWTF		,kg/day
IV. Quantity of biomedical waste treated or disposed by CBW	e	kg/day
4. Quantity of waste generated or	Category	Quantity(kg/anumn)
disposed in Kg per annum (on	Yellow	18.980
monthly average basis) 8017	Red	, 2 847
. 3011	Blue	1660
	White	

	VI. Name of the Common Bio-	
Marie Andrews	VI. Name of the Common Bio- Medical Waste Treatment	VIV / Och / Miscon 11
	Facility Operator through	Yellow, RED, WHITE, BLOG
	which wastes are disposed	
ļ	of VII. List of member HCF not	
	VII. List of member HCF not handed over bio-medical	•
	·	
	waste	And the state of t
6.	Do you have bio-medical waste	γοπ
	management committee? If yes,	/ = 11
	attach minutes of the meetings held	
	during the reporting period	> 40 C
7.	Details of Training conducted on	yes
	BMW	
	I. Number of trainings	REGISTER FVAILABLE
	conducted on	The state of the s
	II. BMW Management	
	III. number of personnel trained	420 100
	IV. number of personnel trained	Cam
	at the time of induction	50 100
	V. number of personnel not	
	undergone any training so	NIL
	far	
		\
		yes
	for training is available?	
	VII. Any other Information	
3.	Details of Accident Occurred	
	Number of Accidents	LIST enclosed
	occurred	
	II. Number of the persons	η°
	affected	
	III. Remedial Action taken	LIST enclosed
	(Please attach details if any)	
	IV Any fatality occurred, details	
9.	Are you meeting the standards of	
J.	air Pollution from the incinerator	
	How many times in last year	
	could not meet the standards?	
	Details of Continuous online	
	emission	-
	monitoring systems installed	3
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? Any other relevant information	(Air Pollution Control Devices attached with the
		THE TAX OF BUILDING CONTRACTOR OF THE CONTRACTOR

	Incinerator)	earness of all 1990 AAA - Marris and the sales and a sales of 1995 BAA to take the sales of the
rtified that above report is for t	the period from	
		•••••••••••••••••••••••••••••••••••••••

Date:

TPT Place

MEDICAL SUPERINTENDENT :

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

BMW

Annexure 4

S.		Particulars	৯ ০১ হ	5
No.	Dortio	ulars of Occupier	SVINISITIR	WPATHI
1.	Partic	Name of Authorized Person		
		(Occupier or Operator)	AWMI, CONSULT	ING LIMITED, TPS
	11.	Name of HCF or CBWTF:	HALAMAGUA	MASIE MANAGE MICHT
	111.	Address for Correspondence:		SOLTING LIMITED
	IV.	Address of Facility	BYNOIL: PACHH	IKAPALLAMI VILL DGE
	V.	Tel. No, Fax. No :	Veduru Koppa	om, CHITOOK DT) 08 6624362
	VI.	E-mail ID :	wwm 48@gr	ediffmoult.com
	VII.	URL of Website	www APPC'	
	VIII.	GPS coordinates of HCF or CBWTF	YES	
	IX.	Ownership of HCF or CBWTF	any other)	or Private or Semi Govt. or
	X.	Status of Authorization under the Bio-Medical Waste	Authorization Number 17. EC-CEO-, C	HELG-11035 138 5018
		(Management and Handling) Rules	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		
	1.	Bedded Hospital:	No. of Beds: 6	50 Belo
A CONTRACTOR OF THE PARTY AND	11.	Non-bedded health care facility (Clinic or Blood Bank or Clinical	400 HO	orgitalo
		Laboratory or Research Institute or Veterinary Hospital or any other)	Total chi	itroon(DT)
	111.	License number and its date of Expiry	AWM/TOT/	200 020
3.	Deta	ils of CBWTF		
	1.	Number healthcare facilities \ covered by CBWTF	400 HOS	PITALS
	11.	No of beds covered by CBWTF:	650 13	
	III.	Installed treatment and disposal capacity of CBWTF	•	jkg/day
	IV.	Quantity of biomedical waste treated or disposed by CBWTF	.,	kg/day
4.	Quai	ntity of waste generated or	Category	Quantity(kg/anumn)
**		osed in Kg per annum (on	Yellow	83 360
		thly average basis) 2015	Red	4,380
		, 200	Blue	700
			White	176

12.	Any other relevant information	(Air Pollution Control Devices attached with the
	have not met the standards in a year?	
	standards? How many times you	
٠	sterilization meeting the log 4	
11.	Is the disinfection method or	
	standards in a vear?	
	many times you have not met the	
10.	treatment methods in place. How	
10.	Liquid waste generated and	
	monitoring systems installed	
	emission	_
	Details of Continuous online	
	could not meet the standards?	
	How many times in last year	
9.	air Pollution from the incinerator?	
^	IV. Any fatality occurred, details Are you meeting the standards of	
	III. Remedial Action taken (Please attach details if any)	
	affected III. Remedial Action taken	
•	II. Number of the persons	LIST ENCYUNEA
	occurred	1 1 2 2 0 0 0 0 0 1
	I. Number of Accidents	LIST enclosed
8.	Details of Accident Occurred	
	VII. Any other Information	
	for training is available?	
	VI. Whether standard manual	Ye 5
<u>.</u>	far	NO C
	undergone any training so	DIL
	V. number of personnel not	D211
	at the time of induction	
	IV. number of personnel trained	50,00
	III. number of personnel trained	
	II. BMW Management	42000
	conducted on	AVALABLE
	Number of trainings	· ·
	BMW	TRAINING REGISTER
7.	Details of Training conducted on	Yes
	during the reporting period	
	attach minutes of the meetings neid	,
٠.	management committee? If yes,	yes
6.	Do you have bio-medical waste	
	waste	
	handed over bio-medical	_
-	of VII. List of member HCF not	The state of the s
	which wastes are disposed	
ļ	Facility Operator through	
	Medical Waste Treatment	yellow; Rod; wHITE; BLOE
1	VI. Name of the Common Bio-	1901-1911 1 1911 1 1 1 1 1 1 1 1 1 1 1 1 1

Guidelines for Implementation of Bio-	medical Waste Management Rules by Healthcare Facilities
	Incinerator)
Certified that above report is for the	period from
1-1-	18 10 31.12.18
	······································
lint	3. who
gnit	Name and Signature of Head of Institution
Date:	MEDICAL SUPERINTENDENT S. V. INSTITUTE OF MEDICAL SCIENCES
Place TOI	TIRUPATI-517 507

Annexure 4

s.	Particulars	2019	۱ ا
lo.		·	
<u></u> -	Particulars of Occupier	SVINS,	TIRUPATI
	I. Name of Authorized Person		The LUCENT
-	(Occupier or Operator)	A.W.M., CONSU	CTING LIMITED, TA
Ţ	II. Name of HCF or CBWTF:	HAIMMAM	WASTE HANAGEM
Ţ	III. Address for Correspondence:	MIS AWH CO	NSULTING LIMITE
İ	IV. Address of Facility	SY NO: 4 1 PA	CHIKAPALAHVILL
Ì	V. Tel. No, Fax. No: Ve duri	KUPPAH, CH	ITTOOR DISTREIL
Ì	VI. E-mail ID : a.ผ	m. 18 @ realf. W.W.W.APPCE	PMall. Com
	VII. URL of Website	W.W.W. APPCE	S, AP. IN
	VIII. GPS coordinates of HCF or CBWTF	YES	
I	IX. Ownership of HCF or CBWTF	(State Government	or Private or Semi Govt. or
	IV. CALIGIDINA OLITICA OLITICALIA	any other)	12 2 12 2 12
	X. Status of Authorization under	1) /- (- (<i> </i>	er APPCB- 11022/12
	the Bio-Medical Waste	Valid Up to : 31	10/2020
	(Management and Handling)	Valid op to . 3	10 1202
	Rules	Valid Up to :	
	XI. Status of Consents under	1 venid op to .	10.2020
<u> </u>	Water Act and Air Act	<u></u>	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
2.	Type of Health Care Facility	No. of Beds: Occ	and a
	Bedded Hospital:	No. of Deds.	
	II. Non-bedded health care facility	400 +	HOSPICAL TOOR DISTRICT)
	(Clinic or Blood Bank or Clinical	ITOLAN CHIT	TOOR DISTRICT
	Laboratory or Research		
	Institute or Veterinary Hospital		
	or any other)	= 114 CDT / 201	7
	III. License number and its date of	AWH TPT/200	
	Expiry	31.10.202	·
3.	Details of CBWTF	11 - 0	DITALA
	Number healthcare facilities	400 1105	** 11115
	covered by CBWTF		
	II. No of beds covered by CBWTF	1000	Seds.
			kg/day
	III. Installed treatment and	··	
	disposal capacity of CBWTF		kg/day
	IV. Quantity of biomedical waste	••	ng/du/
	treated or disposed by CBWTF	D-1	Quantity(kg/anumn)
4.	Quantity of waste generated or	Category	
	disposed in Kg per annum (on	Yellow	29,200
	monthly average basis) 🚨 🥱	Red	3,650
	/	Blue	2,335
		White	220

<u></u>		Anteno his
	VI. Name of the Common Bio-	YE NOW, RED, COHMIE, BLUE
	Medical Waste Treatment	
	Facility Operator through	
	which wastes are disposed	
	of VII. List of member HCF not	
ļ	VII. List of member HCF not handed over bio-medical	
	waste	
6.	Do you have bio-medical waste	
٥.	management committee? If yes,	yes
	attach minutes of the meetings held	7
	during the reporting period	
7.	Details of Training conducted on	110 C
1.	BMW	yes
	I. Number of trainings	TRAINING REGESTER
	conducted on	AVAILA BLE
	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	NIL
i	far	
	VI. Whether standard manual	yes
	for training is available?	467
	VII. Any other Information	
8.	Details of Accident Occurred	
<u> </u>	I. Number of Accidents	LIST ENCLOSED
	occurred	L131 O11
	II. Number of the persons	† 1
Ì	affected	
	III. Remedial Action taken	HIST ENCLOSED
	(Please attach details if any)	NI PINCEOSCO
	IV. Any fatality occurred, details	1
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	
1	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?	(Air Ballytian Control Davison attached with the
12.	Any other relevant information	(Air Pollution Control Devices attached with the

COPY	ENCLOSED	Incinerator)
Certified that abo	ve report is for the p	period from
1/5	ne sier	30/4/2019.
······································	1	
• • • • • • • • • • • • • • • • • • • •	***************************************	
		(\mathcal{V}_{\bullet})
		Name and Signature 511
		Name and Signature of Head of Institution
Date:		Director-cum-Vice Chancellor Sri Venkateswara institute of Medical Scient
Place TP7 &	ust-	(Tirumala Tirupati Devasthanams)
	2ndf	TIRUPATI-517 507 Andh ra Pradesh, India