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 proceeding year, by the occupier of health care facility (HCF) or common bio medical waste treatment facility (CBMWTF)

SI. No	Particulars		
1.	Particulars of the occupier		
	(1) Name of the authorized person	Dr. Ummer Farook	
	(Occupier or operator of the facility)		
	(ii) Name of HCF For CBMWTF	Govt. General Hospital, Kozhikode	
-	(iii) Address for correspondence	Govt. General Hospital, Kozhikode, Beach-673032 Govt. General Hospital, Kozhikode, Beach-673032	
	(iv) Address if facility		
	(v) Tel. No. Fax. No	04952365917	
	(vi)E-mail ID	ghkozhikode@gmail.com	
	(vii) URL of website	No website has been found	
	(viii)GPS coordinates of HCF or CBMWTF	Processing	
	(ix) Ownership of HCF or CBMWTF	State Government or private or Semi Govt. or any other	
	(x) Status of Authorizations under Biomedical waste (Management and Handling) Rules	Affiliation No. GGh KKD 04/Sep 07 upto01.01.2019	
	(xi) Status of Consent under Water Act and Air Act	Valid up to 01/01/2019	
2.	Type of Health Care Facility	Govt. General Hospital, Kozhikode	
	(i) Bedded Hospital	No. of Beds 550	
	(ii) Non-Bedded Hospital (Clinic or Blood Bank Or Research Institute of Veterinary Hospital or any other)	NA	
,	(iii) License No. and the date of expiry	NA	
3.	Details of CBMWTF	NA	
3	(i) No. of health care facilities covered by	NA	

		CBMWTF		
	. (ii)	No. of beds covered by CBMWTF	NA	
	(iii)	Installed treatment and disposal capacity of CBMWTF	NA.	
*	(iv) (v)	Quantity of biomedical waste treated or disposed by BMWTF	23+ kg/day	
4.		Quantity of waste	yellow category 11kg/day	
		generated or disposed	Red Category 11 kgs/day White Category 1 kg/day/day Blue Category 1kg/day	
		in kg per annum(on		
		monthly average		
		basis)	General Solid Waste 400kgs/day	
5.	Details of storage, treatment transportation processing and disposal facility			
	(i) Details of the on-site storage facility		Size: 200 sqft	
			Capacity 12000kg	
			Provision of on –site storage :Cold Storage or any	

	Management				
	(ii)	No. o	f Personnel trained	500	
	(iii)	No. o	f personnel trained at the time of induction	110	
	(iv)	No. o	f personnel not undergone any training so far	Nil	
	(v)	Whether standard manual for training available?		Yes	
	(vi)	Any c	other information	Nil	
8		Detai	Is of the accident occurred during the year		
		(i)	No. of accidents occured	2	
		(ii)	No. of person affected	2	
	***	(iii)	Remedial action taken (please attach details if any)	Two incidents of needle stick injuries have been reported during the year, In both the cases patients have undergone medical examinations. HIV antibody test has been	

19.

			done and found negative. Root cause analysis has been done. Appropriate corrective and preventive actions have been taken. Training programmes have conducted to avoid such incidents in future.
	(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?	Incinerator is not used
		Details of continuous on line emission monitoring system installed	No
10		Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Applied for STP Plant
11		Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Yes. It has been met by IMAGE as the CBMWF, incidents which did not meet log 4 standards of sterilization have not happened during the reporting period
		13 Any other relevant information	(Air pollutionControl devices attached with the incinerator). Incinerator is not used

Certified that the above report is for the period from 1st Jan. 2017 to31st Dec.2017 and the details furnished here are true and correct as per our records.

Name and Signature of the Head of the institution

Place: K-24:kodu Date: 14/5/2018

GOVT. GENERAL HOSPITAL KOZHIKODE-32, BEACH