

L V Prasad Eye Institute
(A Hyderabad Eye Institute organization)
Kode Venkatadri Chowdary Campus, Vijayawada

Date: 24-06-2024

The AP Pollution Control Board,
Vijayawada.

Respected Sir/Madam,

Sub: Submission of Form IV for Biomedical Waste Annual report for the period of 01-01-2023 to 31-12-2023.

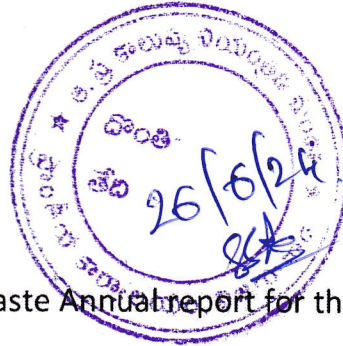
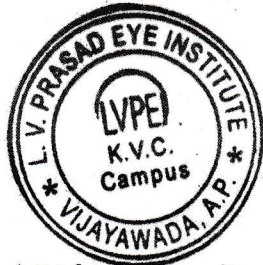
Kindly acknowledge the receipt of the duly filled Form IV for Bio-medical Waste Annual Report for the period of 01-01-2023 to 31-12-2023.

Thanking you,

Sincerely,

Anasua Kapoor

Dr. Anasua Kapoor,
Campus Head



Enclosed:

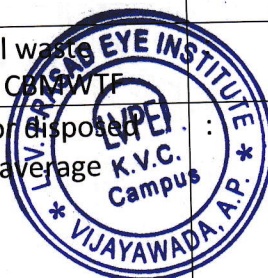
1. Duly filled Form IV for Biomedical Waste Annual report for the period of 01-01-2023 to 31-12-2023.
2. Biomedical Waste Annual report 2023.
3. Committee Meeting minutes (for Point No. 06)
4. Needle stick Injury Register copy (for Point No. 08)



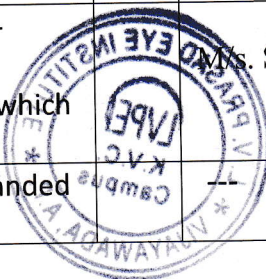
Form – IV
(See rule 13)
ANNUAL REPORT

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)]

Sl. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)	:	Dr. Anasua Kapoor
	(ii) Name of HCF	:	Hyderabad Eye Institute,
	(iii) Address for Correspondence	:	L.V.Prasad Eye Institute, Kode Venkatadri Chowdary Campus, Tadigadapa, Vijayawada – 521137
	(iv) Address of Facility	:	L.V.Prasad Eye Institute, Kode Venkatadri Chowdary Campus, Tadigadapa, Vijayawada – 521137
	(v) Tel. No, Fax. No	:	0866-6712020, Fax: 0866-6712003
	(vi) E-mail ID	:	dranasuaganguly@lvpei.org
	(vii) URL of Website	:	www.lvpei.org
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	Private (Trust)
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Authorization No.: Kr-709/APPCB/ZO-VJA/CTO/W&A/2023 Valid upto: 28-02-2033
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: 28-02-2033
2	Type of Health Care Facility	:	HCF
	(i) Bedded Hospital	:	No. of Beds: 40
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	License Number: 63/2012; Date of Expiry: 04-11-2027
3	Details of CBMWTF	:	M/s. SAFENVIRON,
	(i) Number of health care facilities covered by CBMWTF	:	--
	(ii) No. of Beds covered by CBMWTF	:	--
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	-- _____ Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	-- _____ Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 3733.34kg Red Category: 4568.89 kg White: 162.27 kg Blue Category: 1050.28kg General Solid Waste: ----



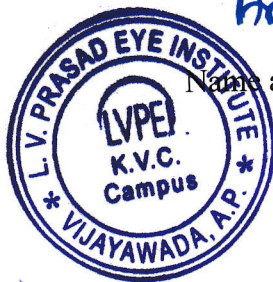
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility																																																						
	(i) Details of the on-site storage facility	:	Size: --																																																				
			Capacity: --																																																				
			Provision of on-site storage : (Cold storage or any other provision) NA																																																				
	(ii) Disposal facilities		<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity Treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td></td><td></td></tr> <tr><td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr> <tr><td>Autoclaves</td><td>3</td><td>--</td><td>--</td></tr> <tr><td>Microwave</td><td></td><td></td><td></td></tr> <tr><td>Hydroclave</td><td></td><td></td><td></td></tr> <tr><td>Shredder</td><td></td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td></td><td></td><td></td></tr> <tr><td>Sharps</td><td></td><td></td><td></td></tr> <tr><td>Encapsulation or concrete pit</td><td></td><td></td><td></td></tr> <tr><td>Deep burial pits</td><td></td><td></td><td></td></tr> <tr><td>Chemical disinfection:</td><td></td><td></td><td></td></tr> <tr><td>Any other treatment equipment:</td><td></td><td></td><td></td></tr> </tbody> </table>	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves	3	--	--	Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer				Sharps				Encapsulation or concrete pit				Deep burial pits				Chemical disinfection:				Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.) ---																																																				
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	---																																																				
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table border="1"> <thead> <tr> <th></th> <th>Quantity Generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr><td>Incineration</td><td>--</td><td>---</td></tr> <tr><td>Ash</td><td>---</td><td>---</td></tr> <tr><td>ETP Sludge</td><td>---</td><td>---</td></tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration	--	---	Ash	---	---	ETP Sludge	---	---																																								
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	M/s. Safenviron																																																					
	(vii) List of member HCF not handed over bio-medical waste.																																																						



	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes. Few meeting minutes are attached.
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		66
	(ii) Number of personnel trained		470
	(iii) Number of personnel trained at the time of induction		32
	(iv) Number of personnel not undergone any training so far		Nil
	(v) Whether standard manual for training is available?		Yes
8	Details of the accident occurred during the year		Needle Stick Injuries (17).
	(i) Number of Accidents occurred		17
	(ii) Number of persons affected		17
	(iii) Remedial Action taken (Please attach details if any)		Register (copies) attached.
	(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 met the standards?		NA
	Details of Continuous online emission monitoring systems installed		NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Yes. Always compliance with the standards.
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. Always compliance with the standards
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator) NA

Certified that the above report is for the period from **01-01-2023 to 31-12-2023**

Anasua Kapoor



Name and Signature of the Head of the Institution

Date: 24-06-2024

Place: Tadigadapa, Vijayawada.

BIO-MEDICAL WASTE ANNUAL REPORT FOR THE YEAR-2023

L.V.PRASAD EYE INSTITUTE, VIJAYAWADA

HOSPITAL NAME	L.V.Prasad Eye Institute
No.Of Beds	40

Name Of The Month	Yellow kgs	Red kgs	White kgs	Blue kgs
January	364.2	310.3	13	92
February	335.4	322	16	103.6
March	334.3	305.3	14	113.1
April	283.5	286.14	16	105.2
May	452.9	413.5	10.4	96.5
June	294.28	393.84	11.2	81.95
July	219.36	253.3	10	65
August	288.935	525.135	14.37	79.81
September	320.07	625.065	9.8	81.8
October	271.9	402.86	15.35	74.25
November	275.18	376.14	15.6	75.14
December	293.32	355.31	16.55	81.93
Total	3733.345	4568.89	162.27	1050.28



Anasua Kapoor