

ANNUAL REPORT 2024

NAME OF THE HCF: Al-Noor Hospital K P Road Anantnag

MONTH	Waste		Waste		Waste		Waste		Total	
	Yellow	Weight	Red	Weight	White	Weight	Blue	Weight	Total No. of bags	Total No. of weight
JANUARY	2	10	1	3.5	0	0	0	0	3	13.5
FEBRUARY	2	8.2	0	0	0	0	2	9	4	17.2
MARCH	5	20.3	2	6.5	0	0	3	11.5	10	38.3
APRIL	3	12.9	2	7.4	0	0	1	4.3	6	24.6
MAY	2	8	3	11.3	0	0	2	9.9	7	29.2
JUNE	2	8.7	2	7.2	0	0	4	20.3	8	36.2
JULY	2	8.2	2	7.4	0	0	1	5	5	20.6
AUGUST	1	4	1	3.5	0	0	3	12.5	5	20
SEPTEMBER	2	8.2	2	7.5	0	0	2	8.5	6	24.2
OCTOBER	3	10.5	3	10.3	0	0	3	15.1	9	35.9
NOVEMBER	5	20.4	5	16.7	0	0	3	14	13	51.1
DECEMBER	2	8	3	8.1	0	0	5	20.4	10	36.5
Total	31	127.4	26	89.4	0	0	29	130.5	86	347.3

Authorized Signatory
Kashmir Health Care Systems



Authorized Signatory
Generator



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 (CBMWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Bulal Ahmad Lone
	(ii) Name of HCF or CBMWTF	:	M/s Alnoor Hospital
	(iii) Address for Correspondence	:	K.P Road Anantnag
	(iv) Address of Facility	:	K.P Road Anantnag
	(v) Tel. No, Fax. No	:	70060 49910
	(vi) E-mail ID	:	
	(vii) URL of Website	:	/
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.:valid up to
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 20
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	/
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

	(iv) Quantity of biomedical 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 : 127.4 kgs/A
		Red Category : 29.4 kgs/A
		White: 0
		Blue Category : 130.5 kgs/A
		General Solid waste:
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	
(i) Details of the on-site storage facility :	Size :	8x8
	Capacity :	100 kgs.
	Provision of on-site storage (cold storage or any other provision) :	
(ii) Details of the treatment or disposal facilities :	Type of treatment equipment	No of units
		Capacity in Kg/day
		Quantity treated or disposed in kg per annum
	Incinerators	
	Plasma Pyrolysis	
	Autoclaves	
	Microwave	
	Hydroclave	
	Shredder	
	Needle tip cutter or destroyer	
	Sharps encapsulation or concrete pit	
	Deep burial pits:	
	Chemical disinfection:	
	Any other treatment equipment:	
(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	Quantity generated	Where disposed

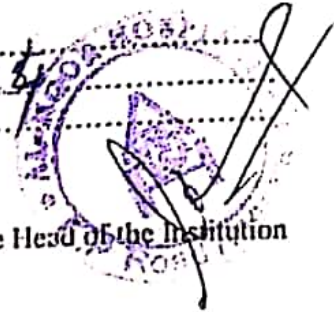
Bm w Handled
 into the Kermis
 Health Care Systems
 Caripap Pulwama.

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	M/s Kosmi Health Care Systems Laccipao
	(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	Already provided
	(i) Number of trainings conducted on BMW Management.	3
	(ii) number of personnel trained	6
	(iii) number of personnel trained at the time of induction	3
	(iv) number of personnel not undergone any training so far	Non Technical Staff
	(v) whether standard manual for training is available?	Yes
	(vi) any other information	
8	Details of the accident occurred during the year	N/A
	(i) Number of Accidents occurred	N/A
	(ii) Number of the persons affected	
	(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 met the standards?	Yes
	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 Incinerator)

Certified that the above report is for the period from

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 *January 2024 - December 2024*



Name and Signature of the Head of the Institution

Date: *13/2/2025*
 Place: *Amritsar*