Form - IV (See rule 13)

ANNUAL REPORT 2020

VEDANTA HOSPITAL, LANJIGARH

[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)	:	Chief Medical Officer, Vedanta Hospital, Lanjigarh
	(ii) Name of HCF or CBMWTF	:	Vedanta Hospital, Lanjigarh, Kalahandi - 766027
	(iii) Address for Correspondence	:	Vedanta Hospital, Lanjigarh, Kalahandi - 766027
	(iv) Address of Facility		Vedanta Hospital, Lanjigarh, Kalahandi - 766027
	(v)Tel. No, Fax. No	•	Tel: 9937303333
	(vi) E-mail ID	:	Vedanta.hospital@vedanta.co.in
	(vii) URL of website	:	www.vedantaaluminium.com
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	•	Private
The state of the s	(x). Status of Authorization under the Bio-Medical Waste(Management and Handling) Rules	•	Authorization No.: 4243, date.29.04.2019 .valid up to 31.03.2022
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: NA
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 20 bedded
	(ii) Non-bedded hospital(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA

	(iii) License number and its date of expiry		2/2017 Date	of Exp.: 2	6.12.2023				
3.	Details of CBMWTF	:	NA						
	(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/da	У					
4.			Yellow Category : 12.524 kg						
	monthly average basis)	:	Red Category: 25.948 kg.						
		:	White: 4.935	kg.					
		:	Blue Categor	y: 14.364	kg.				
		:	General Solid	l waste: 91	1.823 kg.				
5			A						
	(i) Details of the on-site storage facility:	:	Size:						
	NA NA	:	Capacity:						
		i :	Provision of on-site storage: (cold storage or any other provision)						
			Type of	151011)		> 75			
			treatment	of	ıcity ay	uantity reated or sposed in kg			
			equipment	No of Units	Capacity Kg/day	Quantity treated or disposed in kg			
			Incinerators	NA	NA	NA			
			Plasma Pyrolysis	NA	NA	NA			
	ii. Details of treatment or disposal facility		Autoclaves	Yes	40				
			Microwave	NA	NA	NA			
			Hydroclave	NA	NA	NA			
			Shredder	NA	NA	NA			
		et talen de transference de minimum et en est	Needle tip cutter or destroyer	Yes					
			Sharps encapsulation	Yes					

			or			The state of the s		
			concrete pit					
			Deep burial	Yes				
			pits:					
		·	Chemical	Yes				***
			disinfection:					
			Any other	NA	NA		NA	
			treatment	147	''`		IVA	
	(iii) Quantity of recyclable wastes	:	equipment:					NΙΔ
	sold to authorize recyclers after	•	Red Category	(mgc þ	iasiic,	grass C	ic.)	1477
	treatment in kg per annum.							
	(iv) No of vehicles used for	:	NA					
	collection and transportation of							
	biomedical waste							
	(v) Details of incineration ash and					Quantit	У	Where
	ETP sludge generated and disposed					generate	ed	dispose
	during the treatment of wastes in							
	Kg per annum		Incineration Ash			NA		NA
						NA		NA
			ETP Sludge					
	(vi) Name of the Common Bio- Medical Waste Treatment Facility	:	NA					
	Operator through which wastes are							
	disposed of							
	(vii) List of member HCF not		NA					
	handed over bio-medical waste.							
6	Do you have bio-medical waste		No					***************************************
	management committee? If yes,							
	attach minutes of the meetings held							
	during the reporting period		37					·
7	Details trainings conducted on BMW		Yes		·h··!!!		,,	·
	(i) Number of trainings conducted on BMW Management.		1					
	(ii) Number of personnel trained		45		****			
	(iii) Number of personnel trained at the time of induction		15					
	(iv) Number of personnel not		5	***************************************	····			························
	undergone any training so far							
	(v) Whether standard manual for training is available?		Yes					
	(vi) Any other information)		All staff are not operating BMW					

8	Details of the accident occurred during the year		Nil
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		Nil
-	(iii)Remedial Action taken (Please		Nil
	attach details if any)		
	(iv) Any Fatality occurred, details.		Nil
9.	Are you meeting the standards of		NA
	air Pollution from the incinerator?		
	How many times in last year could		
	not met the standards?		
	Details of Continuous online		NA
	emission monitoring systems		
	installed		
10	Liquid waste generated and		Nil
	treatment methods in place. How		
	many times you have not met the		
	standards in an year?		
11	Is the disinfection method or		Yes
	Sterilization meeting the log 4		W 2
	standards? How many times you		
	have not met the standards in a		
10	year?		(A: D 11 /: C / 1D /: // 1 1 1 1 1 1
12	Any other relevant information	:	(Air Pollution Control Devices attached with the
			Incinerator) NA

Certified that the above report is for the period from January 2020 to December 2020- of

Vedanta Hospital, Lanjigarh, Kalahandi -766027.

Date: 26.06.21
Place Lanjigarh

Dy Akshaya Ku, Sahoo Name and Signature of the Head of the Institution

Dr. Akshaya Ku. Sahoo CMO Vedanta himited Lanjigarh, Odisha

Regd.No.:-15434/04