

**Form - IV (See rule 13)**  
 [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	<b>Particulars of the Occupier</b>			
	(i) Name of the authorized	:	Dr. Jithesh K.A., Superintendent	
	(ii) Name of HCF or CBMWTF	:	DH MAVELIKARA	
	(iii) Address for Correspondence	:	District Hospital Mavelikkara, Thazhakkara P.O., Mavelikkara	
	(iv) Address of Facility	:	District Hospital Mavelikkara, Thazhakkara P.O., Mavelikkara	
	(v) Tel. No, Fax, No	:	0479 2303394	
	(vi) E-mail ID	:	dhmwk.off@kamel.com	
	(vii) URL of Website	:	<a href="https://www.dhmwk.org/report.html">https://www.dhmwk.org/report.html</a>	
	(viii) GPS coordinates of HCF or	:		
	(ix) Ownership of HCF or	:	(State Government or Private or Semi Govt.	
	(x) Status of Authorization	:	Authorisation No.:	
(xi) Status of Consents under	:	Valid upto:		
2	<b>Type of Health Care Facility</b>			
	(i) Bedded Hospital	:	No. of Beds: 347	
	(ii) Non-bedded hospital	:		
	(iii) License number and its date	:		
3	<b>Details of CBMWTF</b>			
		:	KERALA ENVIRO INFRASTRUCTURE LTD , CBWTF, INSIDE FACT-CD CAMPUS, AMBALAMEDU, KOCHI-682303, KERALA	
		:	PH: 0484- 2722241,341	
		:	CIN: 424129KL2005PLCO17973, -	
		:	MAIL ; keilbiomedicals@gmail.com	
		:		
	(i) Number of health care facilities covered by CBMWTF	:	1054	
	(ii) No. of Beds covered by CBMWTF	:	20161	
	(iii) Installed treatment and	:	16000 Kg / day	
	(iv) Quantity of bio medical	:	7500 Kg / day	
4	<b>Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)</b>			
		:	Yellow Category: 10624.82	
		:	Red Category: 9147.25	
		:	White: 303.9	
		:	Blue Category: 1730.26	
	:	General Solid Waste:		
5	<b>Details of the Storage, Treatment, Transportation, Processing and Disposal Facility</b>			
	(i) Details of the on-site storage Facility	:	Size:	
		:	Capacity:	
		:	Provision of on-site storage : (Cold storage or	
			<b>Type of treatment equipment</b>	<b>Quanti ty Treate</b>
			<b>No of Units</b>	
			Incinerators	NIL
			Plasma Pyrolysis	NIL
		Autoclaves	NIL	
		Microwave	NIL	
		Hydroclave	NIL	
		Shredder	NIL	

(ii) Disposal facilities	Needle tip cutter or destroyer	21	
	Sharps	Sending to RRL	
	Encapsulation or concrete pits	NIL	
	Deep burial pits	NIL	
	Chemical disinfection	NIL	
	Any other treatment equipment	NIL	
	(iii) Quantity of recyclable	Red Category (like plastic, glass, etc.)	
(iv) No. of Vehicles used for			
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Incineration		Where disposed
	Ash		
	ETP Sludge		
(vi) Name of the Common			
(vii) List of member HCF not			
(vii) List of member HCF not			
6 "Do you have bio-medical waste	YES		
7 Details trainings conducted on			
(i)	24-05-2023		
(ii)	25-05-2023		
(iii)	15-07-2023		
(iv)	16-08-2023		
(v)	30-10-2023		
8 Details of the accident occurred			
(i)			
(ii)			
(iii)			
(iv)			
9 Are you meeting the standards	NIL		
Details of Continuous online			
10 Liquid waste generated and	LIQUIDWASTE MANAGEMENT SYSTEM IS AVAILABLE		
11 Is the disinfection method			
12 Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)		

Certified that the above report is for the period from

01/01/2023 to 31/12/2023

*Signature*

Date: 25/6/2024  
Place: Mavelikara.

Name and Signature of the head of the institution  
