

**Form -IV**  
**(See rule 13)**  
**Annual Report**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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                                                                                                      | :               | M/s RAINBOW INDUSTRIES                                                                                                                                                                                                                                                                                          |                             |             |                 |                                              |              |    |           |                      |
|                             | (i) Name of the authorized person (occupier or operator of facility)                                                             | :               | Mr. T.ANILKUMAR                                                                                                                                                                                                                                                                                                 |                             |             |                 |                                              |              |    |           |                      |
|                             | (ii) Name of HCF or CBMWTF                                                                                                       | :               | M/s RAINBOW INDUSTRIES                                                                                                                                                                                                                                                                                          |                             |             |                 |                                              |              |    |           |                      |
|                             | (iii) Address for Correspondence                                                                                                 | :               | 12-222 , Adarsh Nagar Opp. IDPL Colony Quthbullapur, Medchal Dist.- 500037                                                                                                                                                                                                                                      |                             |             |                 |                                              |              |    |           |                      |
|                             | (i) Address of Facility                                                                                                          |                 | Sy. No. 22/1 Pathakunkam Village Laveru mandal Srikakulam Dist.                                                                                                                                                                                                                                                 |                             |             |                 |                                              |              |    |           |                      |
|                             | (ii) Tel. No. Fax. No.                                                                                                           | :               | 9391387742, 8897737742                                                                                                                                                                                                                                                                                          |                             |             |                 |                                              |              |    |           |                      |
|                             | (V) E-mail ID                                                                                                                    | :               | www.rainbowindustries@rocketmail.com                                                                                                                                                                                                                                                                            |                             |             |                 |                                              |              |    |           |                      |
|                             | (i) URL of Website                                                                                                               | :               | www.rainbowindustriesbmw.com                                                                                                                                                                                                                                                                                    |                             |             |                 |                                              |              |    |           |                      |
|                             | (ii) GPS coordinates of HCF of CBMWTF                                                                                            |                 |                                                                                                                                                                                                                                                                                                                 |                             |             |                 |                                              |              |    |           |                      |
|                             | (iii) Ownership of HCF of CBMWTF                                                                                                 |                 | Partnership                                                                                                                                                                                                                                                                                                     |                             |             |                 |                                              |              |    |           |                      |
|                             | (iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.                                        | :               | Authorization No. APPCB/VSP/SKLM/CFO/HO/2009, Dt. 25-03-2022<br>Valid up to 31-01-2027                                                                                                                                                                                                                          |                             |             |                 |                                              |              |    |           |                      |
|                             | (v) Status of Consents under Water Act and Air Act.                                                                              | :               | Valid up to: 31-01-2027                                                                                                                                                                                                                                                                                         |                             |             |                 |                                              |              |    |           |                      |
| 2.                          | Type of Health Care Facility                                                                                                     | :               |                                                                                                                                                                                                                                                                                                                 |                             |             |                 |                                              |              |    |           |                      |
|                             | (i) Bedded Hospital                                                                                                              | :               | No. of Beds : NA                                                                                                                                                                                                                                                                                                |                             |             |                 |                                              |              |    |           |                      |
|                             | (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.                                                                                     | :               | NA                                                                                                                                                                                                                                                                                                              |                             |             |                 |                                              |              |    |           |                      |
| 3.                          | Details if CBMWTF                                                                                                                | :               | M/s Rainbow Industries                                                                                                                                                                                                                                                                                          |                             |             |                 |                                              |              |    |           |                      |
|                             | (i) Number healthcare facilities covered by CBMWTF                                                                               | :               | 470 in Srikakulam District.                                                                                                                                                                                                                                                                                     |                             |             |                 |                                              |              |    |           |                      |
|                             | (ii) No. of beds covered by CBMWTF                                                                                               | :               | 4551 in Srikakulam District                                                                                                                                                                                                                                                                                     |                             |             |                 |                                              |              |    |           |                      |
|                             | (iii) Installed treatment and disposal capacity of CBMWTF                                                                        | :               | _Incinerator 100 Kgs per hour                                                                                                                                                                                                                                                                                   |                             |             |                 |                                              |              |    |           |                      |
|                             | (iv) Quantity of biomedical waste treated or disposal by CBMWTF                                                                  | :               | 332 Kg/day in Srikakulam District                                                                                                                                                                                                                                                                               |                             |             |                 |                                              |              |    |           |                      |
| 4.                          | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)                                               | :               | Yellow category: 8,737 Kgs per month / 1,04,851 Kgs Per Annum                                                                                                                                                                                                                                                   |                             |             |                 |                                              |              |    |           |                      |
|                             |                                                                                                                                  |                 | Red Category: 1,342 Kgs per month / 16,113 Kgs per Annum                                                                                                                                                                                                                                                        |                             |             |                 |                                              |              |    |           |                      |
|                             |                                                                                                                                  |                 | White: 14.60 Kgs per month / 176 Kgs Per Annum                                                                                                                                                                                                                                                                  |                             |             |                 |                                              |              |    |           |                      |
|                             |                                                                                                                                  |                 | Blue Category: 15.70 Kgs per month/ 189 kgs Per Annum                                                                                                                                                                                                                                                           |                             |             |                 |                                              |              |    |           |                      |
|                             |                                                                                                                                  |                 | General Solid waste Nil                                                                                                                                                                                                                                                                                         |                             |             |                 |                                              |              |    |           |                      |
| 5.                          | Details of the Storage , treatment, transportation, processing and Disposal Facility                                             |                 |                                                                                                                                                                                                                                                                                                                 |                             |             |                 |                                              |              |    |           |                      |
|                             | (i) Details of the on-site storage facility                                                                                      | :               | Size : 32 X 20<br>Capacity: 25 Tons<br>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>01</td> <td>100 Kgs/h</td> <td>1,04,851 Kgs in 2023</td> </tr> </tbody> </table> | Type of treatment Equipment | No of Units | Capacity Kg/day | Quantity treated or disposed In Kg per Annum | Incinerators | 01 | 100 Kgs/h | 1,04,851 Kgs in 2023 |
| Type of treatment Equipment | No of Units                                                                                                                      | Capacity Kg/day | Quantity treated or disposed In Kg per Annum                                                                                                                                                                                                                                                                    |                             |             |                 |                                              |              |    |           |                      |
| Incinerators                | 01                                                                                                                               | 100 Kgs/h       | 1,04,851 Kgs in 2023                                                                                                                                                                                                                                                                                            |                             |             |                 |                                              |              |    |           |                      |

|    |                                                                                                                                |   |                                                                                                                                                                                                                                                                                                                                    |
|----|--------------------------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |                                                                                                                                |   | Plasma Paralysis Autoclaves 01 100 Ltrs 16,113 Kgs in 2023<br><br>Microwave Hydroclave Shredder 01 100 Kgs/h Autoclave Waste<br><br>Needle tip cutter or destroyer Sharps --- Send to T.S.D.F.<br><br>encapsulation or concrete pit ---<br>Deep Burial pits: NA<br>Chemical disinfection: NA<br>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.)<br>16,113 Kgs Per Annum                                                                                                                                                                                                                                                                    |
|    | (iv) No of vehicles used for collection and transportation of biomedical waste.                                                | : | 2 Nos.                                                                                                                                                                                                                                                                                                                             |
|    | (v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)          |   | Quantity Generated Where disposal<br>Incineration 39.83 Tons Send to TSDF<br>Ash<br>ETP Sludge 1.5 Tons Send to TSDF                                                                                                                                                                                                               |
|    | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                     | : | M/s Rainbow Industries                                                                                                                                                                                                                                                                                                             |
|    | (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. | Detail trainings conducted on BMW                                                                                              |   |                                                                                                                                                                                                                                                                                                                                    |
|    | (i) Number of training conducted on BMW Management.                                                                            |   | 73                                                                                                                                                                                                                                                                                                                                 |
|    | (ii) Number of personnel trained                                                                                               |   | 395                                                                                                                                                                                                                                                                                                                                |
|    | (iii) Number of personnel trained at the time of induction                                                                     |   | 52                                                                                                                                                                                                                                                                                                                                 |
|    | (iv) Number of personnel not undergone any training so far.                                                                    |   | Nil                                                                                                                                                                                                                                                                                                                                |
|    | (v) Whether standard manual for training is available?                                                                         |   | Yes                                                                                                                                                                                                                                                                                                                                |
|    | (vi) Any other information)                                                                                                    |   |                                                                                                                                                                                                                                                                                                                                    |
| 8. | Details of the accident occurred during the year                                                                               |   |                                                                                                                                                                                                                                                                                                                                    |
|    | (i) Number of Accidents occurred                                                                                               |   | Nil                                                                                                                                                                                                                                                                                                                                |
|    | (ii) Number of the persons affected                                                                                            |   | Nil                                                                                                                                                                                                                                                                                                                                |
|    | (iii) Remedial Action taken (Please attach details if any)                                                                     |   | Nil                                                                                                                                                                                                                                                                                                                                |
|    | (iv) Any Fatality occurred, details.                                                                                           |   | Nil                                                                                                                                                                                                                                                                                                                                |
| 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                                                             |   | CENS Connected to C.P.C.B. and A.P.P.C.B.                                                                                                                                                                                                                                                                                          |

|     |                                                                                                                                   |  |                                                            |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.                   |  | NA                                                         |
| 11. | It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? |  | Yes as per log-IV                                          |
| 12. | Any other relevant information                                                                                                    |  | Air Pollution Control Device attached with the incinerator |

Certified that the above report is for the period from January 2023 to December 2023 in Srikakulam District.

**Name and Signature of the Head of the Institution**

**Date: 25.06.2024**  
**Place: Srikakulam**


  
**T.ANIL KUMAR**  
**Managing Partner**