



കേരളം കേരल KERALA

BX 492495

This letter of undertaking is executed by Dr. B Unnikrishnan

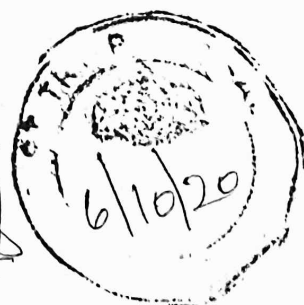
1. I do hereby declare that , I am the Superintendent of Government Taluk Head Quarters Hospital Parassala, Thiruvanthapuram Pin 695502 Survey No:117-1-1.31.80R, 107-16-88.80R
2. I say that as stipulated by you I have provided all the units of sewage treatment plants as per consent to establish issued by Kerala State Pollution Control Board Thiruvanthapuram. The quality of treated water will meet the stipulated limits of Kerala State Pollution Control Board.

No. 1235  
22.10.20

Superintendent  
THQH. Parassala.

S. INDIRA  
VENDOR, PARASSALA

*S. Indira*





കേരളം കേരल KERALA

BX 492497

3. I under take to maintain and keep all the equipments installed for STP at our Government Taluk Head Quarters Hospital Parassala is in good working condition.

Signature of Superintendent

Name : Dr.B.Unnikrishnan

Superintendent  
Taluk Head Quarters Hospital  
Parassala

Designation: Superintendent

Address : Govt.Taluk Head Quarters Hospital Parassala

Place: Parassala.



No. 1236  
22-10-20  
Superintendent  
THQA. Parassala  
S. INDIRA  
VENDOR, PARASSALA



FORM - II

(See rule 10)

APPLICATION FOR AUTHORISATION OR RENEWAL OF AUTHORISATION  
(To be submitted by occupier of health care facility or common bio-medical waste treatment facility)

To

The Prescribed Authority  
(Name of the State or UT Administration)  
Address.

1. Particulars of Applicant:

- (i) Name of the Applicant: **THE SUPERINTENDENT**  
(In block letters & in full) **TALUK HEAD QUARTERS HOSPITAL, PARASSALA**
- (ii) Name of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF): **TALUK HEAD QUARTERS HOSPITAL, PARASSALA**
- (iii) Address for correspondence: **The Superintendent, THQH Parassala, Parassala,**  
**Thiruvananthapuram - 695502**
- Tele No., Fax No.: **9447101937, 9747211426**
- (v) Email: **Supt.th.parassala@gmail.com**
- (vi) Website Address:

2. Activity for which authorisation is sought:

- |                                       |             |
|---------------------------------------|-------------|
| Activity ✓                            | Please tick |
| Generation, segregation ✓             |             |
| Collection, ✓                         |             |
| Storage ✓                             |             |
| packaging ✓                           |             |
| Reception                             |             |
| Transportation                        |             |
| Treatment or processing or conversion |             |
| Recycling                             |             |
| Disposal or destruction               |             |
| use                                   |             |
| offering for sale, transfer ✓         |             |
| Any other form of handling            |             |

3. Application for  fresh or  renewal of authorisation (please tick whatever is applicable):

(i) Applied for CTO/CTE Yes/No

(ii) In case of renewal previous authorisation number and date:

**PCB/HO/TVM/TCO-R/17/2016** date of issue: **26/09/2016**

(iii) Status of Consents:

(a) under the Water (Prevention and Control of Pollution) Act, 1974

(b) under the Air (Prevention and Control of Pollution) Act, 1981:

4. (i) Address of the health care facility (HCF) or common bio-medical waste treatment facility (CBWTF): Taluk Head quarters Hospital Palassalay Palassalay P.O 695502  
Trivandrum.
- (ii) GPS coordinates of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF): Latitude : 8.344105, Longitude : 77.1512474

5. Details of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF):

- (i) Number of beds of HCF: 226
- (ii) Number of patients treated per month by HCF: 800
- (iii) Number healthcare facilities covered by CBMWTF: NA (HCF)
- (iv) No of beds covered by CBMWTF: 226
- (v) Installed treatment and disposal capacity of CBMWTF: NA (HCF) Kg per day
- (vi) Quantity of biomedical waste treated or disposed by CBMWTF: NA (HCF) Kg/day
- (vii) Area or distance covered by CBMWTF: NA (HCF)
- (pl. attach map a map with GPS locations of CBMWTF and area of coverage)
- (viii) Quantity of Biomedical waste handled, treated or disposed:

Category	Type of Waste	Quantity Generated or Collected, kg/day	Method of Treatment and Disposal (Refer Schedule-I)
(1)	(2)	(3)	(4)
Yellow	(a) Human Anatomical Waste: <u>4</u>	<u>35</u>	Segregated in colour coded plastic bags/containers in accordance with Bio medical waste management rules. and handed over to IMAGE Liquid waste disinfected and discharged into ETP
	(b) Animal Anatomical Waste : <u>0</u>		
	(c) Soiled Waste: <u>10</u>		
	(d) Expired or Discarded Medicines: <u>0</u>		
	(e) Chemical Solid Waste:		
	(f) Chemical Liquid Waste : <u>3</u>		
	(g) Discarded linen, mattresses, beddings contaminated with blood or body fluid. <u>10</u>		
	(h) Microbiology, Biotechnology and other clinical laboratory waste: <u>8</u>		
Red	Contaminated Waste (Recyclable)	<u>41</u>	IMAGE
White (Translucent)	Waste sharps including Metals:	<u>3</u>	IMAGE
Blue	Glassware: <u>4</u>	<u>4.3</u>	IMAGE
	Metallic Body Implants <u>300gm</u>		

6. Brief description of arrangements for handling of biomedical waste (attach details):

(i) Mode of transportation (if any) of bio-medical waste:

(ii) Details of treatment equipment (please give details such as the number, type & capacity of each unit)

No of units      Capacity of each unit

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:

7. Contingency plan of common bio-medical waste treatment facility (CBWTF)(attach documents):
8. Details of directions or notices or legal actions if any during the period of earlier authorisation - Nil
9. Declaration

I do hereby declare that the statements made and information given above are true to the best of my knowledge and belief and that I have not concealed any information.

I do also hereby undertake to provide any further information sought by the prescribed authority in relation to these rules and to fulfill any conditions stipulated by the prescribed authority.

Date : 27/10/2020

Place : parassala

Signature of the Applicant

Designation of the Applicant

**Superintendent**  
**Taluk Head Quarters Hospital**  
**Parassala**



**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	:	Taluk Head Quarters Hospital Palassala
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. B Unnikrishnan Superintendent
	(ii) Name of HCF or CBMWTF	:	Taluk Head Quarters Hospital Palassala
	(iii) Address for Correspondence	:	THQH Palassala, Palassala, P.O 695502
	(iv) Address of Facility	:	Superintendent, THQH Palassala, Palassala P.O 695502
	(v) Tel. No, Fax. No	:	9647101987 9747211426
	(vi) E-mail ID	:	Supt. bhparassala@gmail.com
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitude: 8.344105 Longitude: 77.1512474
	(ix) Ownership of HCF or CBMWTF	:	(State Government or <del>Private</del> 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	:	Govt. Taluk Head Quarters Hospital
	(i) Bedded Hospital	:	No. of Beds: 228
	(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	:	IMACS E
	(i) Number healthcare facilities covered by CBMWTF	:	The whole hospital
	(ii) No of beds covered by CBMWTF	:	229
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day NA, (HCF)

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day (HCF)																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 12600 per year Red Category : 14760 per year. White: 108 kg per year, Blue Category : 1548 kg per year. General Solid waste: 5000 Kg per year.																																																
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	Size : 50000 yearly Capacity : 1000 Kg Capacity Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) Details of the treatment or 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></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 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> <p>Not applicable (HCF)</p>	Type of treatment equipment	No of units	Capacity 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:			
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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.) 2000																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	NA																																																
	(v) Details of incineration ash and ETP sludge generated and disposed	:	NO incinerated used Quantity generated Where disposed																																																

	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	IMAGE
	(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	Yes
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	24 2 training per month
	(ii) number of personnel trained	180 staffs in different batch. Separately
	(iii) number of personnel trained at the time of induction	
	(iv) number of personnel not undergone any training so far	
	(v) whether standard manual for training is available?	
	(vi) any other information	
8	Details of the accident occurred during the year	0
	(i) Number of Accidents occurred	—
	(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?	No Incinerator
	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?	All standards are met properly
11	Is the disinfection method or sterilization meeting the log 4	Disinfection and sterilisation is done



	standards? How many times you have not met the standards in a year?		Correctly as per standards not violated.
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) NO incinerator attached.

Certified that the above report is for the period from

..... The report is from the period of 2019-20 .....

.....

.....

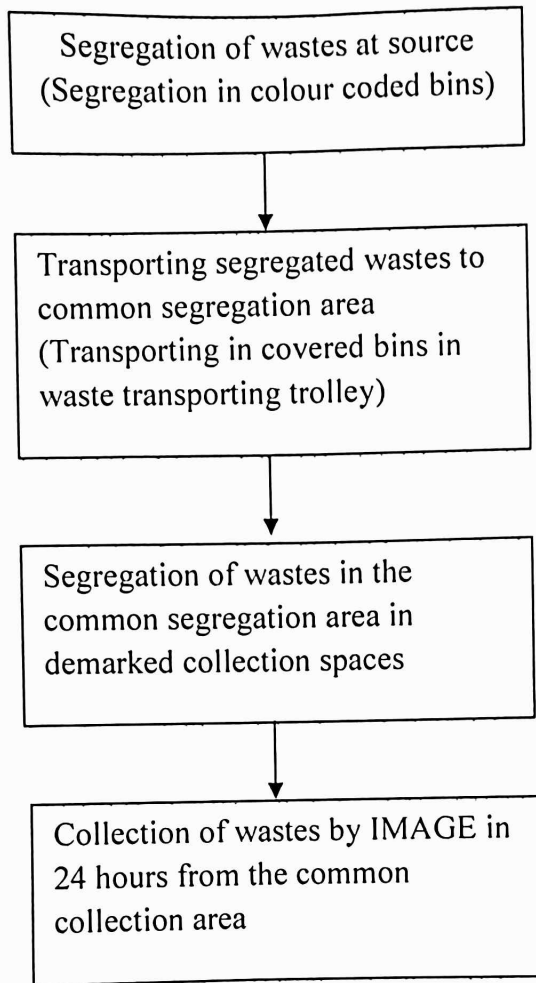
Name and Signature of the Head of the Institution

**Superintendent**  
**Taluk Head Quarters Hospital**  
**Parassala**

Date: 27/10/2020  
Place: parassala



## *Brief description of arrangements for handling of Biomedical waste*



- Liquid wastes are disinfected as per biomedical waste management rule 2019 and discharged into ETP.
- Lab reagents are disposed after use as per the company disinfection procedure.
- Other general wastes like food wastes are changed into compost through Thumpourmozhi model Aerobic Compost Unit.
- Plastic general wastes are segregated and disposed to panchayat agencies through bidding.



Superintendent  
Taluk Head Quarters Hospital  
Parassala

11.5.2020 ന് ആലപ്പുഴ conference hall ൽ വെച്ച് ഉടിയ്ക്കി BMWM committee യുടെ മീറ്റിംഗ്.

അയ്യപ്പൻ ബിരുദാനന്തര ട്രെയിനിംഗ് വിഭാഗം

- 1. മെമ്പർമാർ
- Dr. B. Manikrishnan Supt
- Dr. Shaji EB RMO
- Smt. Anithamani Nursing Supt in charge
- Smt. Kshama HN NRO
- Smt. Bindu V S/N H/C
- Sri Anilkumar head wardem
- Sri Sampath C/N
- Quistanker M P.R.O.
- നിയോഗങ്ങൾ

1. Bipack ലോഡ് വാസ്റ്റ് ഓഫ് ട്രെയിൻ ട്രെയിനിംഗ് നാലു weighing machine ഉടിയ്ക്കുക. Health inspector അറിയിച്ചു.

2. Waste transporting trolley ക്ക് ഉപയോഗിച്ച അന്നു വാസ്റ്റ് കളിയിൽ collection permit ക്ക് ഉപയോഗിക്കുന്നു എന്ന് നിർദ്ദേശിച്ചു.

3. Latrine room-ൽ നിന്നും ട്രെയിൻ ബോഡി കവർ ക്ക് വരുന്നതടയ്ക്കുന്ന Sampath (C/N) പറഞ്ഞു. 5/4 ആലപ്പുഴയിൽ തന്നെ ഉടിയ്ക്കി. ഉടിയ്ക്കി ആലപ്പുഴ ബുക്ക് വെക്കുന്നു എന്ന് നിർദ്ദേശിച്ചു.

4. Utility gloves യുടെ അളവ് ഉടിയ്ക്കുക. ട്രെയിൻ ഉപയോഗിച്ചവർക്ക് നിർദ്ദേശിച്ചു.

5. Waste handlers ന്റെ immunisation complete ആണെന്ന് 2020 വരുന്നതും.

6. Covid protocols ലെ PPE യും അല്ലെങ്കിൽ ഇവയെല്ലാം നിർദ്ദേശിച്ചു. പാലക്കാട് അന്ന് ട്രെയിൻ നിർദ്ദേശിച്ചു.

7. STP യുടെ work നടത്തുന്നതിനായി waste segro collection permit ലേഖ്യം വെച്ച്. അറിയിച്ചു. തകർന്നു ഉടിയ്ക്കുക. നിർദ്ദേശിക്കുന്നു STP യുടെ ഉപയോഗം November 2020-ൽ തന്നെ പൂർണ്ണമായി നടത്തുന്നതും ട്രെയിൻ അറിയിച്ചു.



സൂപ്പർവൈസർ  
ആലപ്പുഴ ജില്ലാ ആരോഗ്യ ഓഫീസ്

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