

Aster PMF/LET/010/2026

18th April 2026

To,

**The Environmental Engineer
Kerala State Pollution Control Board
Kollam**

Respected Sir/Madam,

Greetings from Aster PMF Hospital!

Sub: Submission of Form-IV (Annual Report) for the year 2025 & Form I (Accident Reporting).

Please find enclosed the Form-IV (Annual Report) for the period from 01.01.2025 to 31.12.2025 & Form I (Accident Reporting).

Thanking you,

Yours Sincerely,


Vijish V K
Chief Operating Officer
Aster PMF Hospital
Sasthamcotta



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 (CBWTF)]

Sl. No.	Particulars	Details	
1	Particulars of the Occupier		
	(i) Name of the authorised person (occupier or operator of facility)	Mr Sooraj P	
	(ii) Name of HCF	Aster PMF Hospital IMAGE CBWTF Aff.No.KLM.0106	
	(iii) Address for Correspondence	18/104-118,776,777,779, Manakkara, Kunnathoor, Kollam, Kerala, India, Pin - 690521	
	(iv) Address of Facility	18/104-118,776,777,779, Manakkara, Kunnathoor, Kollam, Kerala, India, Pin - 690521	
	(v) Tel. No,Fax. No	4762654200, 8129829844	
	(vi) E-mail ID	asterpmf@asterhospital.in	
	(vii) URL of Website		
	(viii) GPS coordinates of HCF or CBMWTF	Latitude - Longitude -	9.0560344 76.6364802
	(ix) Ownership of HCF or CBMWTF	Deputy General Manager - Finance Aster India Aster DM Healthcare	
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		
	(xi) Status of Consents under Water Act and Air Act		
2	Type of Health Care Facility		
	(i) Bedded Hospital	Private Hospital (PH)	
	(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	IMAGE / IMA,KSB,Behind Gramalakshmi Mudralayam, Manthuruthi, Kanjikkode west,Palakkad - 678 623, Tel. No.:0491 2570470, Email: imageimaksbtvm@gmail.com Admin: Office: IMAGE, IMA State Headquarters,Anayara PO, Thiruvananthapuram Ph. 0471-274 2211, 274 1188																																						
	(i) Number healthcare facilities covered by CBMWTF	22319																																						
	(ii) No of beds covered by CBMWTF	118244																																						
	(iii) Installed treatment and disposal capacity of CBMWTF:	55.8 tonnes per day																																						
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	58.95 tonnes per day																																						
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)(kg/year)	23985.01																																						
		<table border="1"> <thead> <tr> <th>Category</th><th>Regular(kg)</th><th>Covid(kg)</th></tr> </thead> <tbody> <tr> <td>Red Waste (kg/year)</td><td>11052.53</td><td>0.00</td></tr> <tr> <td>Yellow Waste (kg/year)</td><td>10726.16</td><td>0.00</td></tr> <tr> <td>Blue Waste (kg/year)</td><td>2001.60</td><td>0.00</td></tr> <tr> <td>White Waste (kg/year)</td><td>204.72</td><td>0.00</td></tr> </tbody> </table>	Category	Regular(kg)	Covid(kg)	Red Waste (kg/year)	11052.53	0.00	Yellow Waste (kg/year)	10726.16	0.00	Blue Waste (kg/year)	2001.60	0.00	White Waste (kg/year)	204.72	0.00																							
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5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																							
	(i) Details of the on-site storage facility :																																							
	Size :																																							
	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 (kg/year)</th></tr> </thead> <tbody> <tr> <td>Incinerators</td><td>Nil</td><td>Nil</td><td></td></tr> <tr> <td>Plasma Pyrolysis</td><td>Nil</td><td>Nil</td><td></td></tr> <tr> <td>Autoclaves</td><td>Nil</td><td>Nil</td><td></td></tr> <tr> <td>Microwave</td><td>Nil</td><td>Nil</td><td></td></tr> <tr> <td>Hydroclave</td><td>Nil</td><td>Nil</td><td></td></tr> <tr> <td>Shredder</td><td>Nil</td><td>Nil</td><td></td></tr> <tr> <td>Needle tip cutter or destroyer</td><td>Nil</td><td>Nil</td><td></td></tr> <tr> <td>Sharps (bottles)</td><td>Nil</td><td>Nil</td><td></td></tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/ day	Quantity Treated or disposed in kg per annum (kg/year)	Incinerators	Nil	Nil		Plasma Pyrolysis	Nil	Nil		Autoclaves	Nil	Nil		Microwave	Nil	Nil		Hydroclave	Nil	Nil		Shredder	Nil	Nil		Needle tip cutter or destroyer	Nil	Nil		Sharps (bottles)	Nil	Nil			
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		Encapsulation or concrete pit			
		Deep burial pits (Needle)	Nil	Nil	
		Chemical disinfection	Nil	Nil	
		Any other treatment equipment:	Nil	Nil	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. Red Category (like plastic, glass etc.)	The Biomedical Waste generated from this HCE is collected, transported to the CBWTF, treated & disposed of by the IMAGE - CBWTF.			
	(iv) No of vehicles used for collection and transportation of biomedical waste	The Biomedical Waste generated from this HCE is collected, transported to the CBWTF, treated & disposed of by the IMAGE - CBWTF.			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	The Biomedical Waste generated from this HCE is collected, transported to the CBWTF, treated & disposed of by the IMAGE - CBWTF.			
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	IMAGE CBWTF (Indian Medical Association Goes Eco-friendly) Manthuruthi, Kanjikode West, Palakkad – 678623			
	(vii) List of member HCF not handed over bio-medical waste.	NA			
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				
	(i) Number of trainings conducted on BMW Management	1			
	(ii) number of personnel trained				
	(iii) number of personnel trained at the time of induction	44			
	(iv) number of personnel not undergone any training so far				
	(v) whether standard manual for training is available?	Biomedical Waste Management Training Module from the IMAGE- CBWTF			
	(vi) any other information				
8	Details of the accident occurred during the year				
	(i) Number of Accidents				
	(ii) Number of the persons affected occurred				
	(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?	
	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)	The Biomedical Waste generated from this HCE is collected,transported to the CBWTF,treated & disposed of by the IMAGE - CBWTF.

Certified that the above report is for the period from 01-01-2025 to 31-12-2025

Name and Signature of the Head of the Institution



Date : 31-12-2025

Place : Sasthamcotta -P.O



FORM – I

[(See rule 4(o), 5(i) and 15 (2))]

ACCIDENT REPORTING

1. Date and time of accident: No Accidents Reported
2. Type of Accident: NA
3. Sequence of events leading to accident: NA
4. Has the Authority been informed immediately: NA
5. The type of waste involved in accident: NA
6. Assessment of the effects of the accidents on human health and the environment: NA
7. Emergency measures taken: NA
8. Steps taken to alleviate the effects of accidents: NA
9. Steps taken to prevent the recurrence of such an accident: NA
10. Does your facility have an Emergency Control policy? If yes give details: Yes

This hospital is having policies for the following:

1. Policy on Health and safety needs of staff
2. Fire and safety programme
3. Policy on NSI
4. Policy for blood and body fluid prevention
5. Management of incidents policy
6. Disaster management protocol
7. Hospital Emergency codes
8. Hazardous management programme
9. Programme on Risk management
10. Policy on sentinel events and near miss
11. Policy and procedure on crowd management
12. Spill management programme
13. Management for PEP

Date: 31.03.2026

Place: Aster PMF Hospital

Signature: 

Designation: Chief Operating Officer

