

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		
1.	Particulars of the Occupier (occupier or operator of facility)		
	(i) Name of the authorised person		Dr. Santosh Kumar Behera
	(ii) Name of HCF or CBMWTF	:	CHC Chilikanuapada
	(iii) Address for Correspondence	:	Chilikanuapada, Block: Krushnaprasad, Puri
	(iv) Address of Facility	:	Chilikanuapada, Block: Krushnaprasad, Puri
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	bpmukrus@gmail. com
	(vii) URL of Website	:	NA
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	validity upto 31/03/2020 Applied for renewal.
	(xi). Status of Consents under Water Act and Air	:	

Act

2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	6 no.s bed
	(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	:	
	(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/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 360kg Red Category :90kg White:36kg Blue Category : 422kg General Solid waste:1 tone
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	:	

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- Not Available

(vii) List of member HCF not
handed over bio-medical waste.-0

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.-5

	(ii) number of personnel trained	14
	(iii) number of personnel trained at the time of induction	10
	(iv) number of personnel not undergone any training so far	4
	(v) whether standard manual for Training is available?	Yes
	(vi) any other information)	
8	Details of the accident occurred during the year	No
	(i) Number of Accidents occurred	
	(ii) Number of the persons affected	
	(iii) Remedial Action taken (Please attach details if any)	

(i) Details of the on-site storage facility	Size
	Capacity :
	Provision of on-site storage : (cold storage or any other provision)- Normal Storage Room not easy to access Public and Animals

disposal facilities	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	3		36 kg
	encapsulation or concrete pit	2		36 kg
	Deep burial pits:	2		360 kg
	Chemical disinfection:	10% bleach solution		
	Any other treatment equipment:			
(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.)			
	512 kg			
(iv) No of vehicles used for collection and transportation of biomedical waste	1			
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of	Quantity generated	Where disposed		

	(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?		10% Hypochlorite solution daily
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)

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

Senthil
3.9.21
 Name and Signature of the Head of the
 Institution *Medical Officer I/C*
 C.H.C. Chilikanuapada, Puri

Date: 3.9.21

Place : *Chilika Nuapada*