

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)	Dr Praonab Purohit Sharma
	(i) Name of the authorised person	M ^o
	(ii) Name of HCF or CBMWTF	Maan Kankachurga Enterprises (OS)
	(iii) Address for Correspondence	Rebenanugachon CHC Puri
	(iv) Address of Facility	Rebenanugachon CHC Puri
	(v) Tel. No. Fax. No	9439994209
	(vi) E-mail ID	bpmubrahmageri@gmail
	(vii) URL of Website	
	(viii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	State Government
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Applied for authorisation but not yet get.
	(xi) Status of Consents under Water Act and Air Act	
2	Type of Health Care Facility	Community Health Centre
	(i) Bedded Hospital	16 bedded Hospital

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:		:	<u> </u> Kg per day
(iv) Quantity of biomedical waste treated or disposed by CBMWTF		:	<u> </u> Kg/day
4. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		:	Yellow Category: 900 kg Red Category : 216 kg White: 10k 800 gm Blue Category : 144 kg General Solid waste: 2 ton
5. Details of the Storage, treatment, transportation, processing and Disposal Facility			
(i) Details of the on-site storage facility	:	Size :	3 ft 3 ft
	:	Capacity :	50 kg
	:	Provision of on-site storage	: (cold store)

...list of member not handed over bio-medical waste-

Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period-

yes

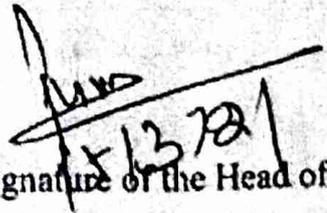
7 Details trainings conducted on BMW

(i) Number of trainings conducted on BMW Management.-

(ii) number of personnel trained		30
(iii) number of personnel trained at the time of induction		30
(iv) number of personnel not undergone any training so far		Nil
(v) whether standard manual for Training is available?		Available
(vi) any other information		No
8 Details of the accident occurred during the year		No
(i) Number of Accidents occurred		No
(ii) Number of the persons affected		No
(iii) Remedial Action taken (Please attach details if any)		No
(iv) Any Fatality occurred, details.		No
9. Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		No

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?	Two times a day disinfection by bleaching solution.
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 01.01.2020 - 31.12.2020


 Name and Signature of the Head of the Institution
Superintendent of
Rebana Nuagaon C.H.C., Puri

Date:

Place **Rebenanuagaon CHC**

2021.03.30 12:45