

(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 ( occupier or operator of facility )                         |   |                       |
|         | (i) Name of the authorised person                                                        |   | Dr. Basanti devi      |
|         | (ii) Name of HCF or CBMWTF                                                               | : | Algun CHC             |
|         | (iii) Address for Correspondence                                                         | : | Algun                 |
|         | (iv) Address of Facility                                                                 |   | Algun                 |
|         | (v) Tel. No, Fax. No                                                                     | : |                       |
|         | (vi) E-mail ID                                                                           | : | bpmuchalgun@gmail.com |
|         | (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               |
|         | (xi). Status of Consents under Water Act and Air Act                                     | : |                       |
| 2.      | Type of Health Care Facility                                                             |   |                       |
|         | (i) Bedded Hospital                                                                      | : | 06                    |

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| 2.      | Type of Health Care Facility                                                             |   |                       |
|         | (i) Bedded Hospital                                                                      | : | 06                    |

|                                                                                                                                           |  |                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (ii) Non-bedded hospital<br>(Clinic or Blood Bank or Clinical Laboratory or<br>Research Institute or Veterinary Hospital or any<br>other) |  |                                                                                                                                                                    |
| (iii) License number and its date of expiry                                                                                               |  |                                                                                                                                                                    |
| 3. Details of CBMWTF                                                                                                                      |  |                                                                                                                                                                    |
| (i) Number healthcare facilities covered by<br>CBMWTF                                                                                     |  |                                                                                                                                                                    |
| (ii) No of beds covered by CBMWTF                                                                                                         |  |                                                                                                                                                                    |
| (iii) Installed treatment and disposal capacity of<br>CBMWTF:                                                                             |  | _____ Kg per day                                                                                                                                                   |
| (iv) Quantity of biomedical waste treated or disposed<br>by CBMWTF                                                                        |  | _____ Kg/day                                                                                                                                                       |
| 4. Quantity of waste generated or disposed in Kg per<br>annum (on monthly average basis)                                                  |  | <b>Yellow Category: 90 kg</b><br><b>Red Category : 162 kg</b><br><b>White: 20kg</b><br><b>Blue Category :</b><br><b>144 kg</b><br><b>General Solid waste: 50kg</b> |
| 5. Details of the Storage, treatment, transportation, processing and Disposal Facility                                                    |  |                                                                                                                                                                    |
| (i) Details of the on-site storage<br>facility                                                                                            |  | Size : _____<br>Capacity : _____<br>Provision of on-site storage : (cold storage)                                                                                  |

any other provisions: 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                                                            | 2                                                            |                                                   |                                              |
|                     |  |  |  | encapsulation or concrete pit                                                                    | 2                                                            |                                                   | 20kg                                         |
|                     |  |  |  | Deep burial pits:                                                                                | 3                                                            |                                                   | 90 kg                                        |
|                     |  |  |  | Chemical disinfection:                                                                           | 1% Hypochlorite Solution                                     |                                                   |                                              |
|                     |  |  |  | Any other treatment equipment:                                                                   | Installation of Syntax Tank for disinfection of Liquid Waste |                                                   |                                              |
|                     |  |  |  | (iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum. |                                                              | Red Category (like plastic, glass etc.)<br>306 kg |                                              |
|                     |  |  |  | (iv) No of vehicles used for collection and transportation of biomedical waste                   | 1                                                            |                                                   |                                              |

| Quantity of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum | Quantity generated |  | Waste disposed |
|-------------------------------------------------------------------------------------------------------------------|--------------------|--|----------------|
|                                                                                                                   | 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. - 1

|                                                               |     |
|---------------------------------------------------------------|-----|
| (ii) number of personnel trained                              | 7   |
| (iii) number of personnel trained at<br>the time of induction | 5   |
| (iv) number of personnel not<br>undergone any training so far | 2   |
| (v) whether standard manual for<br>Training is available?     | Yes |
| (vi) any other information)                                   |     |
| 8 Details of the accident occurred<br>during the year         |     |
| (i) Number of Accidents occurred                              |     |
| (ii) Number of the persons affected                           |     |
| (iii) Remedial Action taken (Please                           |     |

|    |                                                                                                                                   |     |                                                               |
|----|-----------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------|
|    | (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?                   | Yes |                                                               |
| 11 | Is the disinfection method or sterilization meeting the log 4 Standards? How many times you have not met the standards in a year? | Yes |                                                               |
| 12 | Any other relevant information                                                                                                    | :   | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from

January 2018 to December 2018

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 .....  
 .....

Date:

Place : Algum

Name and Signature of the Head of the Institution  
  
 19-8-19.