

(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. Santanu KUL Dash
	(ii) Name of HCF or CBMWTF	MOHC CHC Astaranga
	(iii) Address for Correspondence	At PO-Astaranga Dist-Puri PIN- 752109
	(iv) Address of Facility	CHC Astaranga Dist-Puri
	(v) Tel. No, Fax. No	06758-230200
	(vi) E-mail ID	bpmuastaranga@gmail.com
	(vii) URL of Website	NOE AVAILABLE
	(viii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	State GOVT.
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Valid up to 31-3-2020
	(xi). Status of Consents under Water Act and Air Act	
	Type of Health Care Facility	
	(i) Bedded Hospital	Approved No of Bed-6

(i) Name of hospital
 (ii) Name of Blood Bank or Clinical Laboratory or
 (iii) Name of Institute or Veterinary Hospital or any
 other
 (iv) License number and its date of expiry

Name 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

Quantity of waste generated or disposed in Kg per
annum (on monthly average basis)

Yellow Category:	612 Kg
Red Category :	360 Kg
White:	18 Kg
Blue Category :	288 Kg
General Solid waste:	175 Kg

Details of the Storage, treatment, transportation, processing and Disposal Facility

(i) Details of the facility	(a) on-site storage	Size	N/A
		Capacity	
		Provision of on-site storage	

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			360 kg
	Needle tip cutter or Destroyer Sharps	2 NO		
	encapsulation or concrete pit	2 NO		18 kg
	Deep burial pits:	3 NO		612 kg
	Chemical disinfection:			358 kg 288 kg
	Any other treatment equipment:			
(iii) Quantity of recyclable wastes sent to authorized recyclers after treatment in kg per annum	Red Category (like plastic, glass etc.)			
	648 kg			
(iv) No of vehicles used for collection and transportation of biomedical waste	weekly 3 days			
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in kg per annum	Quantity generated		Where disposed	
	Incineration Ash			
	ETP Sludge			

(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of

STATEMENT OF ENVIRONMENTAL PERFORMANCE
 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		30
(iii) number of personnel trained at the time of induction		20
(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		
(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.		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

	Presence of Continuous Air Quality 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 & -
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

1.4.2018 to 1.12.18

[Signature]
17.8.19

Name and Signature of the Head of the Institution

Medical Officer I/c
C.H.C, Astaranga

Date 17.8.19

Place Astaranga CHe.