

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)		Medical officer I/c
	(i) Name of the authorised person		Dr. Ashis Kumar Mahapatra
	(ii) Name of HCF or CBMWTF	:	CHC Bangurigaon
	(iii) Address for Correspondence	:	Bangurigaon
	(iv) Address of Facility		Bangurigaon
	(v) Tel. No, Fax. No	:	9439994721
	(vi) E-mail ID	:	bpmubangurigaon@gmail.com amitupadhyay427@gmail.com
	(vii) URL of Website		Not available
	(viii) GPS coordinates of HCF or CBMWTF		Not available
	(ix) Ownership of HCF or CBMWTF	:	Govt. Hospital
	(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	:	Govt. Hospital
	(i) Bedded Hospital	:	06

	(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)	:	<table border="1"> <tr> <td>Yellow Category:</td> <td>75 kg Pm</td> </tr> <tr> <td>Red Category :</td> <td>65 kg Pm</td> </tr> <tr> <td>White:</td> <td>6.500 gm - Pm</td> </tr> <tr> <td>Blue Category :</td> <td>45 kg Pm</td> </tr> <tr> <td>General Solid waste:</td> <td>15 kg Pm</td> </tr> </table>	Yellow Category:	75 kg Pm	Red Category :	65 kg Pm	White:	6.500 gm - Pm	Blue Category :	45 kg Pm	General Solid waste:	15 kg Pm
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Blue Category :	45 kg Pm												
General Solid waste:	15 kg Pm												
5	Details of the Storage, treatment, transportation, processing and Disposal Facility												
	(i) Details of the on-site storage facility	:	<table border="1"> <tr> <td>Size :</td> <td>10' x 10'</td> </tr> <tr> <td>Capacity :</td> <td>25 kg</td> </tr> <tr> <td>Provision of on-site storage</td> <td>:(cold storage or any other provision)- Normal Storage Room not easy to access</td> </tr> </table>	Size :	10' x 10'	Capacity :	25 kg	Provision of on-site storage	:(cold storage or any other provision)- Normal Storage Room not easy to access				
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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	1	-	
	encapsulation or concrete pit	1		
	Deep burial pits:	1		
	Chemical disinfection:			
	Any other treatment equipment:	1 low cost tel Syntax		
	(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) Out sourcing agency	
(iv) No of vehicles used for collection and transportation of biomedical waste	:	01		
(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- 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,

Yes

7 Details trainings conducted on BMW

(i) Number of trainings conducted on BMW Management.-5

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	(ii) number of personnel trained	15
	(iii) number of personnel trained at the time of induction	15
	(iv) number of personnel not undergone any training so far	-
	(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	Nil
	(ii) Number of the persons affected	Nil
	(iii) Remedial Action taken (Please attach details if any)	Not applicable
	(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?	Not applicable
	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?		Low cost technology tank installed, Labour room & Laboratory
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 2018 to December 2018

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Name and Signature of the Head of the Institution

Medical Officer Incharge
CHC Bangurigaon, Puri

Date:

Puri

Place

CHC Bangurigaon.