

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. Prasanta Ku. Samantaray, Medical Officer In Charge
	(ii) Name of HCF or CBMWTF	:	Maa Kanak Durga Enterprisers
	(iii) Address for Correspondence	:	At:-CHC-II, Nimapara, Puri, 752106
	(iv) Address of Facility		At:-CHC-II, Nimapara, Puri, 752106
	(v)Tel. No, Fax. No	:	9439994000
	(vi) E-mail ID	:	ahnimapara@gmail.com
	(vii) URL of Website		Not Available
	(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	:	Authorisation No.: 15443/SPCB Authorization (Biomedical Waste) Date:-25/11/2017 valid up to 31/03/2018
(xi). Status of Consents under Water Act and Act	:	Valid up to: 31/03/2018
2. Type of Health Care Facility	:	
(i) Bedded Hospital	:	No. of Beds:.....40
(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital 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	:	40
(iii) Installed treatment and disposal capacity of	:	_____ Kg per day

	CBMWTF:		
	(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: 840 KG Red Category : 1440 KG White: 90 KG Blue Category : 1620 KG General Solid waste: 39500 kgs
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : 4F x 8F Capacity : 50 Kgs Provision of on-site storage : (cold storage or any other provision)

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	4	500 gm	180 kg
		encapsulation or concrete pit	2	-	
		Deep burial pits:	3		
		Chemical disinfection:	2	-	
		Any other treatment equipment:		5 kg	280 kg
(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)			
		3060 kgs			
(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

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

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

7 Details trainings conducted on BMW

Yes

(i) Number of trainings conducted on BMW Management.

	(ii) number of personnel trained	25
	(iii) number of personnel trained at the time of induction	25
	(iv) number of personnel not undergone any training so far	Nil
	(v) whether standard manual for training is available?	Available
	(vi) any other information)	-
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	No

	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?		Not Available
	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?		No
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		No
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

.....01.04.2018 to 31.03.2019.....

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Name and Signature of the Head of the Institution

31.3.19
Medical Officer I/c

CHC-I, Nimapara, Dist. Puri

PIN-752106 (Odisha)

Date:

Place:- Nimapara CHC-II