

Form – IV  
(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	:	
	(i) Name of the Authorised person (occupier or operator of Facility)	:	M.O I/C, CHC, PIPILI
	(ii) Name of HCF or CBMWTF	:	OUTSOURCING
	(iii) Address of Correspondence	:	
	(iv) Address of Facility	:	
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or private or Semi Govt. or any other)
	(x) Status of Authorisation under the Bio-Medical waste (Management and handling) Rules	:	Applied
	(xi) Status of Consents under Water Act & Air Act.	:	
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	30
	(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	:	1																																																
	(ii) No of beds covered by CBMWTF	:	30																																																
	(iii) Installed treatment & disposal capacity of CBMWTF	:																																																	
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	1200kg /day																																																
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 100 kg per month Red Category : 140 Kg per month White : 3 kg per month Blue Category : 60 kg General Solid waste : 250 kg per month																																																
5	Details of the Storage, treatment, transportation, disposed in Kg per annum (on monthly average basis)																																																		
	(i) Details of the on-site storage facility	:	Size :- 6' X 5'																																																
			Capacity : 80																																																
			Provision of on-site storage : (cold storage or any other provision)																																																
	(ii) details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of Units</th> <th>Capacity Kg/Day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or Destroyer Sharps</td> <td>6</td> <td>3</td> <td>-</td> </tr> <tr> <td>Encapsulation or Concrete pit</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits</td> <td>3</td> <td></td> <td></td> </tr> <tr> <td>Chemical Disinfection</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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	6	3	-	Encapsulation or Concrete pit	2			Deep burial pits	3			Chemical Disinfection	1			Any other treatment equipment			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum		Red Category (like plastic, glass etc.)	
	(iv) No of vehicles used for collection and transportation of biomedical waste		1	
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Generated	Where disposed
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Incineration Ash ETP Sludge	
	(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		YES	
7	Details trainings conducted on BMW		2	
	(i) Number of trainings conducted on BMW Management.		2	
	(ii) number of personnel trained		16	
	(iii) number of personnel trained at the time of induction		16	
	(iv) number of personnel not undergone any training so far		0	
	(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			
	(ii) Number of the persons affected			
	(iii) Remedial Action taken (Please attach details if any)			
	(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 meet the standards?		YES
	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?		
11	Is the disinfection method or sterilization meeting the log 4		
12	Any other relevant information	:	(Air pollution control devices attached with the incinerator

Certified that the above report is for the period from

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Date:

Place:-

  
29/07/2019  
Name and signature of the  
**Medical Officer II**  
**Govt. Hospital, Pilib. Pr**  
Head of the institution