

(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. Bouyanti Devi
	(ii) Name of HCF or CBMWTF		MAA KAMAK DURGA ENTERPRISES
	(iii) Address for Correspondence		OFFICE OF THE MD RICE & SAKHIGOPAL
	(iv) Address of Facility		- DO -
	(v) Tel. No, Fax. No		06752272809
	(vi) E-mail ID		ahsakhigopal@gmail.com
	(vii) URL of Website		NA
	(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 2023.
	(xi). Status of Consents under Water Act and Air Act		
2.	Type of Health Care Facility		FRU
	(i) Bedded Hospital		46 Bedded Hospital

	(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)	:	Yellow Category: 990 kg Red Category : 900 kg White: 360 kg Blue Category : 360 kg General Solid waste: 1.5 ton.
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : NA Capacity : Provision of on-site storage : (cold stora

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			900kg.
	Needle tip cutter or Destroyer Sharps	4 nos		
	encapsulation or concrete pit		-	
	Deep burial pits:	2 nos		36kg.
	Chemical disinfection:	3 nos		400kg.
	Any other treatment equipment:			
(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)		
		1260kg.		
(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

XVII) LIST OF METHODS FOR 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

yes

(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	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 attach details if any)	NO.
	(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?		
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

Name and Signature of the Head of the Institution

[Signature]
 Medical Officer I/C
 C.H.C. Sakhigopal, Puri

Date: 13.08.2019

Place: Sakhigopal CHC