

**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 ( occupier or :operator of facility)		
	(i) Name of the authorised person		Dr. Suresh Ch. Sahoo, Medical Officer In Charge
	(ii) Name of HCF or CBMWTF	:	Janakalyan Parisad, Baripada, Mayurbhanga,
	(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)
		:	Authorisation No.:

	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		..... .....valid up to .....
	(xi). Status of Consents under Water Act and Act	:	Valid up to:
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 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 : 128 kg 500 gms
			Red Category : 108 kgs
			White: 93 kg 600gms
			Blue Category : 180kgs
			General Solid waste:36000 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	1	5kg	108
	Microwave			
	Hydroclave			
	Shredder			

	Needle tip cutter or Destroyer Sharps	4	500 gm	172 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.)		
		90 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	17
	(iii) number of personnel trained at the time of induction	17
	(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.	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

.....01.04.2016 to 21.03.2017.....

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Name and Signature of the Head of the  
Institution

Date:

Place:- Nimapara CHC-II