

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 / Medical officer / CHe Dehang
	(i) Name of the authorised person		CHe Dehang
	(ii) Name of HCF or CBMWTF	:	CHe Dehang, Panti
	(iii) Address for Correspondence	:	CHe Dehang
	(iv) Address of Facility		
	(v) Tel. No. Fax. No	:	06758 - 242255
	(vi) E-mail ID	:	bpmudulang@gmail.com
	(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	:	Authorisation No.: 10213/ dt 28/17valid up to 31.3.2019
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:

2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: ... 16
	(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	:	16
	(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 : 60kg Red Category : 30kg White: 3kg Blue Category : 10kg General Solid waste: 100kg
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		

undergone any training so far

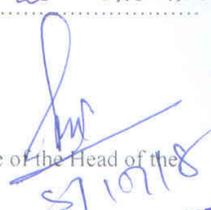
	(v) whether standard manual for training is available?		yes
	(vi) any other information)		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		of

	(ii) Number of the persons affected		0
	(iii) Remedial Action taken (Please attach details if any)		YES
	(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?		
	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?		Liquid waste disposed as per the Protocol of RMNM RA 2016.
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

Jan 2017 to Dec-2017. The Bio-medical Waste
Management Plan - 2016 has been implemented & strictly
adhered. No deviation is done at CHC Delang.

Name and Signature of the Head of the
Institution


5/10/18
Medical Superintendent
CHC Delang, Puri

Date:

Place

5/10/18