

**From –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 | : | | |
| | (i) Name of the authorized person (occupier or operator of facility) | : | Medical Officer In Charge CHC Indupur | |
| | (ii) Name of HCF or CBMWTF | : | Indupur CHC | |
| | (iii) Address for Correspondence | : | Medical Officer In Charge, CHC INDUPUR KENDRAPADA, PIN- 754214 | |
| | (i) Address of Facility | : | Medical Officer In Charge, CHC INDUPUR KENDRAPADA, PIN- 754214 | |
| | (ii) Tel. No. Fax. No. | : | 06727-278979 | |
| | (V) E-mail ID | : | bpmukendrapara@gmail.com | |
| | (i) URL of Website | : | -no- | |
| | (ii) GPS coordinates of HCF of CBMWTF | : | -no- | |
| | (iii) Ownership of HCF of CBMWTF | : | (State Government of Private or Semi Govt. or any other) : State Govt. | |
| | (iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules. | : | Authorization No. 7196IND-IV-BW-503 Valid up to : 31.03.2023 | |
| | (v) Status of Consents under Water Act and Air Act. | : | Valid up to: -- | |
| 2. | Type of Health Care Facility | : | CHC (Community Health Centre) | |
| | (i) Bedded Hospital | : | No. of Beds S/F (16/16) | |
| | (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 if CBMWTF | : | | |
| | (i) Number healthcare facilities covered by CBMWTF | : | NO 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 disposal by CBMWTF | : | _____ Kg/day Monthly | Annually |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | Yellow category: | 280.11kg 23.3425kg |
| | | | Red Category: | 518.71kg 43.22583kg |
| | | | White: | 81.06kg 6.755kg |
| | | | Blue Category: | 463.78kg 38.64833kg |
| | | | General Solid waste | 1008.74kg 84.06167kg |
| 5. | Details of the Storage , treatment, transportation, processing and Disposal Facility | : | | |
| | (i) Details of the on-site storage facility | : | Size : 4"3" | |
| | | | Capacity: 100kg | |

| | | | Provision of on-site storage : (cold storage or any other provision) - NA - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|--|---|--|-----------------------------|----------------|------------------|--|--------------|--|--|--|------------------|--|--|--|------------|--|--|--|-----------|--|--|--|------------|--|--|--|----------|--|--|--|--------------------------------|--|------------|--|--------------------------------------|--|------------|--|-------------------|--|--|--|------------------------|--|-----------------|--|--------------------------------|--|---|--|
| | (ii) 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 Paralysis</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</td> <td></td> <td>4/100g/8kg</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td>5/2kg/25kg</td> <td></td> </tr> <tr> <td>Deep Burial pits:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td>3/10kg/145.50kg</td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td>Chemical treatment with bleaching powder/line and earth</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 Paralysis | | | | Autoclaves | | | | Microwave | | | | Hydroclave | | | | Shredder | | | | Needle tip cutter or destroyer | | 4/100g/8kg | | Sharps encapsulation or concrete pit | | 5/2kg/25kg | | Deep Burial pits: | | | | Chemical disinfection: | | 3/10kg/145.50kg | | Any other treatment equipment: | | Chemical treatment with bleaching powder/line and earth | |
| Type of treatment Equipment | No of Units | Capacity Kg/day | Quantity treated or disposed In Kg per Annum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incinerators | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plasma Paralysis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autoclaves | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Microwave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hydroclave | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shredder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Needle tip cutter or destroyer | | 4/100g/8kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sharps encapsulation or concrete pit | | 5/2kg/25kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deep Burial pits: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemical disinfection: | | 3/10kg/145.50kg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other treatment equipment: | | Chemical treatment with bleaching powder/line and earth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | : | <p>Red Category (like plastic, glass etc.)</p> <p>Red-518.71kg, Blue-463.78kg</p> <p>Send to DHH for treatment and shredders</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iv) No of vehicles used for collection and transportation of biomedical waste. | : | One (provided by District) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum) | | <table border="1"> <thead> <tr> <th>Quantity Generated</th> <th>Where disposal</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td>-NA-</td> </tr> <tr> <td>ETP Sludge</td> <td></td> </tr> </tbody> </table> | Quantity Generated | Where disposal | Incineration Ash | -NA- | ETP Sludge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quantity Generated | Where disposal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incineration Ash | -NA- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ETP Sludge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | : | <ul style="list-style-type: none"> - Sharp and body parts - General Waste | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (vii) List of member HCF not handed over bio-medical waste. | : | - No - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period. | : | <ul style="list-style-type: none"> - Yes - Period (Jan 2019 to Dec 2019) (enclosed herewith) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Detail trainings conducted on BMW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (i) Number of training conducted on BMW Management. | | 1(One) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (ii) Number of personnel trained | | 69 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iii) Number of personnel trained at the time of induction | | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (iv) Number of personnel not undergone any training so far. | | -5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (v) Whether standard manual for training is available ? | | - yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|---|--|---|
| | (vi) Any other information) | | |
| 8. | Details of the accident occurred during the year | | |
| | (i) Number of Accidents occurred | | - Nil - |
| | (ii) Number of the persons affected | | - Nil - |
| | (iii) Remedial Action taken (Please attach details if any) | | - Nil - |
| | (iv) Any Fatality occurred, details. | | - Nil - |
| 9. | Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards? | | - NA - |
| | Details of Continuous online emission monitoring systems installed | | - NA - |
| 10. | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year. | | - YES - |
| 11. | It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | | - Temporary process has been done to procure OT test materials from district. - After that test will be done |
| 12. | Any other relevant information | | (Air Pollution Control Device attached with the incinerator.) - NA - |

Certified that the above report is for the period from-

Jan-2019 to Dec-19 as per the BMW rule-2016

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Name and Signature of the Head of the Institution

Date:

Place: