

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		
	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)	:	Dr. Basanti Pal
	(ii) Name of HCF or CBMWTF	:	Anantapur CHE
	(iii) Address for Correspondence	:	At: Anantapur CHE Anantapur
	(iv) Address of Facility	:	po. Anantapur Soro, Balarão
	(v) Tel. No, Fax. No	:	06788-221817
	(vi) E-mail ID	:	bpmesoro@gmail.com
	(vii) URL of Website	:	no
	(viii) GPS coordinates of HCF or CBMWTF	:	CBMWTF
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: Order No. 7545 Valid upto: 21.3.21
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto:
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 6, Yes
	(ii) Non-bedded hospital	:	No
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3	Details of CBMWTF	:	Not applicable
	(i) Number of health care facilities covered by CBMWTF	:	N-A.
	(ii) No. of Beds covered by CBMWTF	:	N-A.
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	Kg / day N-A.
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	<div style="display: flex; justify-content: space-between;"> <div> <p>0.99 kg/day</p> <p>0.30 kg/day</p> <p>5.92 kg/day</p> </div> <div> <p>Yellow Category: - 341.22 kg</p> <p>Red Category: - 279 kg</p> <p>White: (110.7) - 97.780 kg</p> <p>Blue Category: - 209.260 kg</p> <p>General Solid Wastes: - 1479.8 kg</p> </div> <div> <p>Per day</p> <p>(370.5)</p> <p>(261.5)</p> <p>(365)</p> <p>(2161)</p> <p>(365)</p> </div> </div>
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	CBMWTF
	(i) Details of the on-site storage	:	Size:


Discarded blood stained linen mattress 0.24 kg/days
Chemical liquid waste = 6.5/day

facility		Capacity:		
		Provision of on-site storage : (Cold storage or any other provision) <i>Not applicable</i>		
		Type of treatment equipment	No of Units	Capacity Kg/day
(ii) Disposal facilities		Incinerators	<i>N.A.</i>	<i>Not applicable</i>
		Plasma Pyrolysis	<i>N.A.</i>	
		Autoclaves	<i>N.A.</i>	
		Microwave	<i>N.A.</i>	
		Hydroclave	<i>N.A.</i>	
		Shredder	<i>N.A.</i>	
		Needle tip cutter or destroyer	<i>Available</i>	
		Sharps		
		Encapsulation or concrete pit	<i>Available</i>	
		Deep burial pits	<i>Available</i>	
		Chemical disinfection:	<i>By Bleaching.</i>	
		Any other treatment equipment:	<i>x</i>	
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.) <i>By CBOWATF</i>
(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:	<i>Engaged by District</i>	
(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	<i>Not applicable</i>	
(vi)	Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		<i>Engaged by District</i>	
(vii)	List of member HCF not handed over bio-medical waste.		<i>N.A.</i>	
	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		<i>No.</i>	

7	Details trainings conducted on BMW		Not during the Year.
	(i) Number of trainings conducted on BMW Management		N.A.
	(ii) Number of personnel trained		N.A.
	(iii) Number of personnel trained at the time of induction		0
	(iv) Number of personnel not undergone any training so far		0
	(v) Whether standard manual for training is available?		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		Not
	(ii) Number of persons affected		Not
	(iii) Remedial Action taken (Please attach details if any)		N.A.
	(iv) Any Fatality occurred, details		NEL
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		Not applicable
	Details of Continuous online emission monitoring systems installed		N.A.
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Started, Treated with bleaching
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		N.A.
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator) N.A.

Certified that the above report is for the period from

..... Dt:- 01.01.2019 to Dt:- 31.12.2019
 Letter No:- 269/26.6.2020

 (Dr. Baranti Pal)
 Name and Signature of the Head of the Institution
 Anantapur C. B. S
 Bolosore

Date: 26.6.2020

Place: Anantapur C.B.S.

Anantapur, Soro, Bolosore.