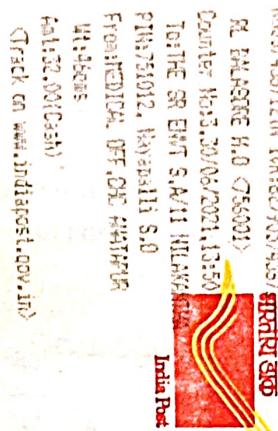


20

**Form - IV
(See rule 13)
ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30th June every year, by the occupier of health care facility or waste treatment facility (CBWTF)]

January
fiscal



Sl. No.	Particulars		
1	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 CHC
	(iii) Address for Correspondence	:	Atipo Anantapur, Anantapur CHC
	(iv) Address of Facility	:	Sono, Balasore
	(v) Tel. No, Fax. No	:	06788-221877
	(vi) E-mail ID	:	bpmusorco@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	: Previous	Authorisation No.: 7545/IND-IV-PCP(CBMW)-33 Dated: 26.6.2018..... Valid upto: 31.3.2021
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: Applied for Renewal for APPLICATION NO.- 3581471/DR-74.2021 5 yrs
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)	:	Yellow Category: 370.5 Kg Red Category: 361 Kg White: 110.7 Kg Blue Category: 2161 Kg General Solid Waste: 1510 Kg
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility CBMWTF	:	
	(i) Details of the on-site storage	:	Size:

150/-

8:

facility		Capacity: Provision of on-site storage : (Cold store, any other provision) <i>Not applicable</i>	
(ii) Disposal facilities			
Type of treatment equipment	No of Units		Capacity Kg/day
Incinerators	N.A		<i>Not applicable</i>
Plasma Pyrolysis	N.A		
Autoclaves	N.A		
Microwave	N.A		
Hydroclave	N.A		
Shredder			
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:	X X		
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.) <i>By CBMWTF</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>No A</i>	
6 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	<i>Not during the Year</i>
	(i) Number of trainings conducted on BMW Management	<i>N.A</i>
	(ii) Number of personnel trained	<i>N.A</i>
	(iii) Number of personnel trained at the time of induction	<i>0</i>
	(iv) Number of personnel not undergone any training so far	<i>0</i>
	(v) Whether standard manual for training is available?	
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	<i>Nil</i>
	(ii) Number of persons affected	<i>Nil</i>
	(iii) Remedial Action taken (Please attach details if any)	<i>N.A</i>
	(iv) Any Fatality occurred, details	<i>Nil</i>
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	<i>Not applicable</i>
	Details of Continuous online emission monitoring systems installed	<i>N.A</i>
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	<i>Started treated in bleaching</i>
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	<i>N.A</i>
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator) <i>N.A</i>

Certified that the above report is for the period from

DE:- 1.01.2020 TO DE- 31.12.2020

Letter No.- 18/

16.06.2021

Name and Signature of the Head of the Institution

Basantli Patra/16.6.2021

Official Officer

Anantapur C. M. A.

Balasore

Date: *16.06.2021*

Place: *Anantapur CHC*

Anantapur, (SERCED) Balasore

*Received
Anita
18.6.2021*

