

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	
	(i) Name of the authorized person (occupier or operator of facility)	Dr. Basanti. Pal.
	(ii) Name of HCF or CBMWTF	Anantapur CMC,
	(iii) Address for Correspondence	At: Anantapur, Anantapur, Soro Bolo Soro.
	(iv) Address of Facility	
	(v) Tel. No, Fax No	M:- 9439982051
	(vi) E-mail ID	anantapurcmc@gmail.com
	(vii) URL of Website	
	(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.: 7545/DMD-DV-PCT (BMDH), DE 1-26-06-2018
	(xi) Status of Consents under Water Act and Air Act	Valid upto: 31-3-2022 Valid upto: applied for Renewal for 5 yrs application No: 3581971/Dt: 7-4-2021
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: 1,095 kg Red Category: 547.5 kg White: 182.5 kg Blue Category: 865 kg General Solid Waste: 2,920 kg
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	CBMWTF
	(i) Details of the on-site storage	Size:

12

facility

Capacity:

Provision of on-site storage (Co any other provision) *Not app*

(ii) Disposal facilities

Type of treatment equipment	No of Units	Capacity Kg/day
Incinerators	<i>N.A.</i>	<i>Not app</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 bleach</i>	
Any other treatment equipment:	<i>x</i>	

(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum

(iv) No. of Vehicles used for collection and transportation of biomedical waste

(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum

(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

Red Category (like plastic, glass, etc)

By CBMTF

Engaged by Dist

	Quantity Generated	Where dispsse
Incineration Ash		
ETP Sludge	<i>NOT Available</i>	

Engaged by Dist

N.A.

N/A

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		N.A.
	(ii) Number of persons affected		N.A.
	(iii) Remedial Action taken (Please attach details if any)		N.A.
	(iv) Any Fatality occurred, details		N.A.
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 @ 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)

Certified that the above report is for the period from

Dt: 01.01.2021 to Dt: 31.12.2021

Let. No: 58 / Dt: 18.6.2022 / CHE Anantapur

Basante Pal. (Dr. B. Pal)
 18-6-2022
 Name and Signature of the Head of Institution
MEDICAL SUPERINTENDENT
ANANTAPUR C.H.C.
BALASORE

Date: 18.6.2022

Place: Anantapur C.H.C.,
 Anantapur, Sona, Balasore.