

Form - IV
(See rule 13)

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[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	<p>Particulars of the Occupier</p> <p>(i) Name of the authorized person (occupier or operator of facility)</p> <p>(ii) Name of HCF or CBMWTF</p> <p>(iii) Address for Correspondence</p> <p>(iv) Address of Facility</p> <p>(v) Tel. No, Fax. No</p> <p>(vi) E-mail ID</p> <p>(vii) URL of Website</p> <p>(viii) GPS coordinates of HCF or CBMWTF</p> <p>(ix) Ownership of HCF or CBMWTF</p> <p>(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules</p> <p>(xi) Status of Consents under Water Act and Air Act</p>	<p><i>Dr. Basanti Pal Dr. Basanti Pal. Anantapurachc, Af. Anantapur, Andhra Pradesh, P.O. B. Gopuram. 9439982051 anantapurachc@gmail.com</i></p> <p>CBMWTF (State Government or Private or Semi Govt. or any other)</p> <p>Authorisation No.: 7545/DND-DV-PCP Date: 26.06.2018 Valid upto: 31.12.2021</p> <p>Valid upto: Applied for Renewal For 5 years application No: 8581971 / Date 7.4.2021</p>	
2	Type of Health Care Facility	<p>(i) Bedded Hospital</p> <p>(ii) Non-bedded hospital</p> <p>Clinical Laboratory or Research Institute or Veterinary Hospital or any other)</p> <p>(iii) License number and its date of expiry</p>	<p>No. of Beds: 6, Yes No.</p>
3	Details of CBMWTF	<p>(i) Number of health care facilities covered by CBMWTF</p> <p>(ii) No. of Beds covered by CBMWTF</p> <p>(iii) Installed treatment and disposal capacity of CBMWTF,</p> <p>(iv) Quantity of bio medical waste treated or disposed by CBMWTF</p>	<p>Not applicable N.A.</p> <p>N.A.</p> <p>Kg / day N.A.</p> <p>Kg / day</p>
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)		<p>Yellow Category: 1,095 kg</p> <p>Red Category: 547.5 kg</p> <p>White: 182.5 kg</p> <p>Blue Category: 86.5 kg</p> <p>General Solid Waste: 2,920 kg</p>
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		<p>CBMWTF</p> <p>Size:</p>
	(i) Details of the on-site storage		

	facility	Capacity: Provision of on-site storage 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	N.A.
	Pyrolysis	N.A.
	Autoclaves	N.A.
	Microwave	N.A.
	Hydroclave	N.A.
	Shredder	N.A.
	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>P</i>
(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	Red Category (like plastic, glass, etc) <i>By CBMWF</i>
(iv)	No. of Vehicles used for collection and transportation of biomedical waste	<i>Engaged by Dostha</i>
(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	Quantity Generated Where dispose Incineration Ash ETP Sludge <i>Not Available</i>
(vii)	List of member HCF not handed over bio-medical waste.	<i>Engaged by Dostha</i>
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	N.A. <i>No</i>

	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>N.C/I</i>
	(ii) Number of persons affected	<i>N.C/I</i>
	(iii) Remedial Action taken (Please attach details if any)	<i>N.A.</i>
	(iv) Any Fatality occurred, details	<i>N.E/I</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>Standerd Treated @ 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)

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 / C.H.E Anantapure

*Barante Pal. (Dr. B. Pal)
18-6-2022
Name and Signature of the Head of the Institution*

*MEDICAL SUPERINTENDENT
ANANTAPUR C.H.C.
BALASORE*

Date: 18.6.2022

Place: *Anantapur C.H.C.,
Anantapura, Sonepur, Balasore.*