

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)]

Sl. No	Particulars		
1.	Particulars of the Occupier	:	DR. Satya Swarup Singh.
	(i) Name of the authorised person (occupier or operator of facility)	:	Anantapur CHC.
	(ii) Name of Health Care Facility	:	Anantapur CHC, A/Po - Anantapur, Son Dist - Balasone.
	(iii) Address for Correspondence	:	Anantapur CHC, A/Po - Anantapur, Dist Balasone, Pin - 756046
	(iv) Address of Facility	:	
	(v) Tel/No, Fax. No	:	9439982051
	(vi) E-mail ID	:	anantapur chc @ gmail.com
	(vii) URL of Website	:	Anantapurchc.in
	(viii) GPS coordinates of Health Care Facility	:	CBMWTF
	(ix) Ownership of Health Care Facility	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 14244 IND-I.V.-BW-1127/Dt.: 8.8.2022valid up to Dt.: 31.03.2027
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: Dt. 31.03.2027
2	Type of Health Care Facility	:	CHC
	(i) Bedded Hospital	:	No. of Beds: 6
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any	:	N/A

	other)																																		
	(iii) License number and its date of expiry		N/A																																
3	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<p>Yellow Category : $27.300 \text{ kg} \times (12 \text{ month})$ $= 327.600 \text{ kg}$.</p> <p>Red Category : $47 \text{ kg} \times (12 \text{ month})$ $= 564 \text{ kg}$.</p> <p>White: $42 \text{ kg} \times (12 \text{ month}) = 132 \text{ kg}$.</p> <p>Blue Category : $38.600 \text{ kg} \times (12 \text{ month})$ $= 439.2 \text{ kg}$.</p> <p>General Solid waste: $48.139 \times (12 \text{ month})$ $= 576 \text{ kg}$.</p>																																
4	Details of the Storage, treatment, transportation, processing and Disposal Facility																																		
	(i) Details of the on-site storage facility		<p>Size :</p> <p>Capacity :</p> <p>Provision of on-site storage : (cold storage or any other provision) N/A</p>																																
	(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>N/A</td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>Available</td> <td></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	N/A			Plasma Pyrolysis	N/A			Autoclaves	N/A			Microwave	N/A			Hydroclave	N/A			Shredder	N/A			Needle tip cutter or destroyer	Available		
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		Sharps Encapsulation or concrete pit	Available.		
		Deep burial pits	Available.		
		Chemical disinfection	By bleaching powder solution → hypochlorite sol		
		Any other treatment equipment	N/A		
	(iii) Quantity of recyclable wastes sold to authorised recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.)		N/A	
	(iv) No of vehicles used for collection and transportation of biomedical waste	1			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Incineration & Ash ETP Sludge	Quantity Generated	where Disposed	
	(vii) List of member HCF not handed over bio-medical waste.	N/A			
5	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	No		No	
6	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? (vi) any other information)		
7	Details of the accident occurred during the year (i) Number of Accidents occurred	.	n/a
	(ii) Number of the persons affected		n/a
	(iii) Remedial Action taken (Please attach details if any)		n/a
	(iv) Any Fatality occurred, details.		n/a
8	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
9	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		started treated with bleaching solution
10	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
11	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

Dt. 01.01.2025 to

.....Date 31.12.2025.....

Institution

Name and Signature of the Head of the

Date:
Place