

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 (CBMWTF)]

Sl. No.	Particulars	
	Particulars of the Occupier	:
	(i) Name of the authorized person (occupier or : operator of facility)	: Dr. Balasore Pal Anantapur CHC AT 1 Anantapur opp Anantapur PO, Sone, Balasore
	(ii) Name of HCF or CBMWTF	: 06788-221817
	(iii) Address for Correspondence	: CB MWTF
	(iv) Address of Facility	: (State Government or Private or Semi Govt. or any other)
	(v) Tel. No, Fax. No	: 06788-221817
	(vi) E-mail ID	: bpmisone@gmail.com
	(vii) URL of Website	: No
	(viii) GPS coordinates of HCF or CBMWTF	: CB MWTF
	(ix) Ownership of HCF or CBMWTF	: Authorisation No.: Order No. 7545
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	: Valid upto: 31.3.21
2	(xi). Status of Consents under Water Act and Air Act	: Valid upto:
	Type of Health Care Facility	:
	(i) Bedded Hospital	: No. of Beds: 6, Yes
	(ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	: No
	(iii) License number and its date of expiry	: Not applicable
3	Details of CBMWTF	:
	(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 1.2 Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	: Yellow Category: - 341.22 kg Red Category: - 279 kg White: 110.7 - 97.780 kg Blue Category: 0.30 kg General Solid Waste: 1479.8 kg
		: 0.99 kg days 0.30 kg days 5.92 kg days 0.667 kg days 240.5 kg days 2.09 kg days 2.667 kg days 1479.8 kg days 365 days 1.21 kg days 365 days 2161 days 365 days
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	: CB MWTF
	(i) Details of the on-site storage	: Size: 5.92

Discarded blood stained linen matress 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>		
(ii)	Disposal facilities		Type of treatment equipment	No of Units	Capacity Kg/day
			Incinerators	N.A.	<i>Not applicable</i>
			Plasma Pyrolysis	N.O.	
			Autoclaves	N.O.	
			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 bleaching</i>
			Any other treatment equipment:	P	
				P	
(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.)		
(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:	<i>By CBONATF</i>		
(v)	Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<i>Engaged by Destruct</i>		
(vi)	Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Incineration	Quantity Generated	Where disposed
			Ash		
			ETP Sludge		
(vii)	List of member HCF not handed over bio-medical waste.		<i>Not applicable</i>		
	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		<i>Engaged by Destruct</i>		
			N.A.		
			<i>No.</i>		

7	Details trainings conducted on BMW		<i>plot 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>No</i>
	(ii) Number of persons affected		<i>No</i>
	(iii) Remedial Action taken (Please attach details if any)		<i>N.A.</i>
	(iv) Any Fatality occurred, details		<i>NEL</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 with leaching</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

01-01-2019 to 01-12-2019

Letter No:- 269 / 26 - 6 - 2020

P.B. (Dr. Basanti Pal)
Name and Signature of the Head of the Institution

Anantapur G. B. B. Balasore

Date: *26-6-2020*

Place: *Anantapur CSE,*

Anantapur, Sircilla, Balasore.