

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

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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 authorised person (occupier or operator of facility)		M. O D/C, CHC, Laxmipur
	(ii) Name of HCF or CBMWTF		
	(iii) Address for Correspondence		
	(iv) Address of Facility		M. O D/C, CHC, Laxmipur
	(v) Tel. No, Fax. No		CHC, Laxmipur 77 <sup>th</sup> Laxmipur, MD-44
	(vi) E mail ID		06855268610/9439990525
	(vii) URL of Website		nhm, Laxmipur 2018@gmail.com
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF		(State <input checked="" type="checkbox"/> Government or Private or Semi Govt. or any other)
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Authorisation No.: .....valid up to 31/3/2018
	(xi) Status of Consents under Water Act and Air Act		Valid up to: Applied for Renewal
2.	Type of Health Care Facility		
	(i) Bedded Hospital		No. of Beds: 30
	(ii) Non bedded hospital		
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		18344/SPCB / Authorisation IND-IV-BW-923 / 31-3-2018
3.	Details of CBMWTF		
	(i) Number healthcare facilities covered by CBMWTF		
	(ii) No of beds covered by CBMWTF		
	(iii) Installed treatment and disposal capacity of CBMWTF		Kg per day

(iv) Quantity of biomedical 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 :	21 kg																																															
		Red Category :	201 kg																																															
		White:	38 kg																																															
		Blue Category :	480 kg																																															
		General Solid waste:	723 kg																																															
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
(i) Details of the on site storage facility	Size :	4x3x3 ft.																																																
	Capacity :																																																	
(ii) Details of the treatment or disposal facilities	Provision of on site storage : (cold storage or any other provision)	-																																																
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(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum	Red Category (like plastic, glass etc.)	201 kg.																																																
(iv) No of vehicles used for collection and transportation of biomedical waste		Quantity generated	Where disposed																																															
(v) Details of incineration ash and ETP sludge generated and disposed																																																		

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(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	Yes, Available
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	04 Nos
	(ii) number of personnel trained	20 Nos
	(iii) number of personnel trained at the time of induction	
	(iv) number of personnel not undergone any training so far	NIL
	(v) whether standard manual for training is available?	Yes.
	(vi) any other information)	
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	04
	(ii) Number of the persons affected	04
	(iii) Remedial Action taken (Please attach details if any)	Prophylaxis treatment given as advice.
	(iv) Any Fatality occurred, details.	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	
	Details of Continuous online emission monitoring systems installed	-
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Not Available
11	Is the disinfection method or sterilization meeting the log 4	

	standards? How many times you have not met the standards in a year?	
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from  
 ..... 01 January 2018 to 31/ <sup>DEC</sup> ~~March~~ / 2018  
 .....  
 .....

Name and Signature of the Head of the Institution

Date:  
 Place

21/2/19

MEDICAL OFFICER I/C  
 C.H.C. LAXMIPUR  
 DIST. KORAPUT