## 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)]

| SI. | Particulars  |   |  |
|-----|--|---|--|
| No. |  |   |  |
| 1.  | Particulars of the Occupier  | : |  |
|     | (i) Name of the authorised person (occupier or operator of facility)   | : | Medical officer T/c,<br>CHC, Laxminger   |
|     | (ii) Name of HCF or CBMWTF   | : |  |
|     | (iii) Address for Correspondence   | : | M.O I/, CHC, Laxingon  |
|     | (iv) Address of Facility   |   | M.O I/c, CHC, Laxingen CHC 1 Laxinger  |
|     | (v)Tel. No, Fax. No  | : | 06855268610/9439990525   |
|     | (vi) E-mail ID   | : | nhm. Laxmipur 2018 @ gmil. Com.  |
|     | (vii) URL of Website   |   |  |
|     | (viii) GPS coordinates of HCF or CBMWTF  |   |  |
|     | (ix) Ownership of HCF or CBMWTF  | : | (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.: 11974/SPCB/AUTHORISEFEES/8.11,2019/ IND-IV-BW-923valid up to 313/2023 |
|     | (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 | : | NA.  |
|     | other)   |   | 11974 1 cm a 1 suttoned ? Rat & enpry  |
| 2   | (iii) License number and its date of expiry  |   | 11974.   SPCB / Authorisation: /31.3.2023  |
| 3   | Details of CBMWTF  |   |  |
|     | (i) Number healthcare facilities covered by CBMWTF   |   | 06   |
|     | (ii) No of beds covered by CBMWTF  | : | 30   |
|     | (iii) Installed treatment and disposal capacity of CBMWTF:   | : | 2 kg Kg per day  |

on

| (1x) Quantity of biomedical waste treated or d      | isposed  | 1.5 Kg/day   |   |  |                       |  |
|---|--|--|---|--|-----------------------|--|
| by CBMWT?  Output of waste generated or disposed in | Kg per   | Yellow C   |   | Annual Control of the | mgd                   |  |
| Ougastity of waste generated of dis-p               |  | Annual Control of the | Red Category : 251 ug.                            |  |                       |  |
| annum (on monthly average basis)                    |  | White  |   | bu   | 5                     |  |
|   |  | Blue Cat   | and the second second second second second second | 13   | 2 15                  |  |
|   | in the second se | General  | Solid wa  |  | 280 kg                |  |
| Details of the Storage, treatment, transportati     | on, processin  | g and Dispos   | al Facili   | ty   |                       |  |
| (i) Details of the on-site storage                  | Size   | 464)   | (3H   |  |                       |  |
| (activity   | Capacity   |  |   |  |                       |  |
|   | Provision of on-site storage : (cold storage or  |  |   |  |                       |  |
|   | any other  | any other provision)   |   |  | Overtile              |  |
| in Details of the treatment or                      | Type of  | treatment  | No  | Cap  | Quantity<br>treatedo  |  |
| dispessal facilities                                | equipment  |  | of  | acit   | r                     |  |
|   |  |  | unit  | y<br>Kg/   | disposed              |  |
|   |  |  | S   | day  | in kg<br>per<br>annum |  |
|   |  |  |   |  |                       |  |
|   |  |  |   |  |                       |  |
|   | Incinerators Plasma Pyrolysis Autoclaves   |  |   |  |                       |  |
|   |  |  |   |  |                       |  |
|   |  |  |   |  |                       |  |
|   | Micro  |  |   |  |                       |  |
|   | Hydro<br>Shred   |  |   |  |                       |  |
|   | Needle tip cutter or — of ston destroyer  Sharps encapsulation or — 04 Non   |  |   |  |                       |  |
|   |  |  |   |  |                       |  |
|   |  |  |   |  |                       |  |
|   |  |  |   |  |                       |  |
|   | Deep burial pits - Cly Nas   |  |   |  |                       |  |
|   | Chem   |  | (   |  |                       |  |
|   | disinfection \ — 6 Tenits  Any other treatment   |  |   |  |                       |  |
|   |  |  |   |  |                       |  |
|   | equip  | ment   |   |  |                       |  |
| soid to authorized recyclatic wantes.               | Red ( ategory (like plastic, glass etc.)   |  |   |  |                       |  |
| "colonical in his per annum                         | 251 kg/Annum   |  |   |  |                       |  |
| tent as the bear and bear antice term               |  |  |   |  |                       |  |
| and transportation of humadical -                   |  |  |   |  |                       |  |
| w ests  |  |  |   |  |                       |  |
| TP studies of the meration and and                  |  | ( h:   | antity  |  | here                  |  |
| I the studies generated and disposed                |  |  | nerated   |  | sposed                |  |
|   |  | - The survey   |   | The succession of the second   |                       |  |

| -T         | during the treatment of wastes in Kg  | Incineration                             |
|------------|---|--|
| 1          | per annum   | Ash                                      |
| 1          | Set annum   | ETP Sludge                               |
|            | (vi) Name of the Common Bio-<br>Medical Waste Treatment Facility<br>Operator through which wastes are<br>disposed of        | M.O Te, CHC, Xexmply                     |
|            | (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, avnittable                          |
| 7          | Details trainings conducted on BMW  |  |
|            | (i) Number of trainings conducted on BMW Management.  | 12                                       |
| -          | (ii) number of personnel trained  |  |
|            | (iii) number of personnel trained at the time of induction  | 20 No                                    |
| -          | (iv) number of personnel not  | NIL                                      |
|            | undergone any training so far   |  |
|            | (v) whether standard manual for   | yes                                      |
|            | training is available?  |  |
|            | ( i) any other information)   |  |
| 8          | Details of the accident occurred  |  |
|            | Laine the year  | <i>0</i> 3                               |
|            | (1) Number of Accidents occurred  | 92                                       |
|            | (ii) Number of the persons affected (iii) Remedial Action taken (Please   | Prophylaxis together gives as for Direce |
|            | b details if any)   | NIL                                      |
| 9.         | (iv) Any Fatality occurred, details.  | NA.                                      |
| <i>,</i> . | Pollution from the incinerator? How many times in last year could not met   |  |
| -          | the standards?  Details of Continuous online emission   | NA.                                      |
| 10         | monitoring systems instance   |  |
|            | methods in place. How many times you have not met the standards in a  |  |
| 11         | year? Is the disinfection method or sterilization meeting the log 4   | Yes                                      |

|                | 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)                             |
| Certif         | fied that the above report is for the period                        | 1 from<br>1.9 | to 31/12/2019  Abbut 1/2010   |
| Date:<br>Place | Lexinger  | F             | Name and Signature of the Head of the Institution  Medical Officer  CHC Laxmipur  Koraput |