

2024

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 (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	Medical Officer, PHC
	(i) Name of the authorised person (occupier or operator of facility)	:	
	(ii) Name of HCF or CBMWTF	:	PHC, Almenda
	(iii) Address for Correspondence	:	AT/ Almenda
	(iv) Address of Facility	:	Bandhugawan
	(v) Tel. No. Fax. No	:	Koraput
	(vi) E-mail ID	:	nhm.bandhugawan23@gmail.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.: Valid up to
	(xi) Status of Consents under Water Act and Air Act	:	Valid up to: NA
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:..... Nil
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	NA
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:	:	NA 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 : <u>43 kg</u> Red Category : <u>34 kg</u> White: <u>26 kg</u> Blue Category : <u>38 kg</u> General Solid waste: <u>23 kg</u>																																																
5. Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
(i) Details of the on-site storage facility	Size : _____ Capacity : _____ Provision of on-site storage : (cold storage or any other provision)																																																
(ii) Details of the treatment or disposal facilities	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No. of unit</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td></td><td></td></tr> <tr><td>Plasma Pyrolysis</td><td></td><td></td><td></td></tr> <tr><td>Autoclaves</td><td><u>02</u></td><td></td><td></td></tr> <tr><td>Microwave</td><td></td><td></td><td></td></tr> <tr><td>Hydroclave</td><td></td><td></td><td></td></tr> <tr><td>Shredder</td><td><u>01</u></td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td></td><td></td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td></td><td></td><td></td></tr> <tr><td>Deep burial pits:</td><td><u>04</u></td><td></td><td></td></tr> <tr><td>Chemical disinfection:</td><td><u>01</u></td><td><u>Clay Pottery Power</u></td><td></td></tr> <tr><td>Any other treatment equipment:</td><td><u>Bucket, wheel</u></td><td></td><td></td></tr> </tbody> </table>	Type of treatment equipment	No. of unit	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves	<u>02</u>			Microwave				Hydroclave				Shredder	<u>01</u>			Needle tip cutter or destroyer				Sharps encapsulation or concrete pit				Deep burial pits:	<u>04</u>			Chemical disinfection:	<u>01</u>	<u>Clay Pottery Power</u>		Any other treatment equipment:	<u>Bucket, wheel</u>		
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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.)																																																
(iv) No of vehicles used for collection and transportation of biomedical waste																																																	
(v) Details of incineration ash and ETP sludge generated and disposed	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>	Quantity generated	Where disposed																																														
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	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
7	Details trainings conducted on BMW	02 NS
	(i) Number of trainings conducted on BMW Management.	
	(ii) number of personnel trained	06 NS
	(iii) number of personnel trained at the time of induction	06 NS
	(iv) number of personnel not undergone any training so far	NO personal
	(v) whether standard manual for training is available?	Yes
	(vi) any other information	NA
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	Nil
	(iii) Remedial Action taken (Please attach details if any)	Nil
	(iv) Any Fatality occurred, details.	Nil
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA
	Details of Continuous online emission monitoring systems installed	NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	NA
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

January 24 to December 24

Date:
Place

14/12/2024
Almonda

Dr. Agnaya Ray
Name and Signature of the Head of the Institution
Medical Officer

MIC [Signature]
M/O