

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	
		Medical Officer, PHC
1.	Particulars of the Occupier	:
	(i) Name of the authorised person (occupier or operator of facility)	:
	(ii) Name of HCF or CBMWTF	PHC Nilabadi
	(iii) Address for Correspondence	AT/ Nilabadi
	(iv) Address of Facility	Bandhugaon
	(v) Tel. No. Fax. No	Koraput
	(vi) E-mail ID	nhm.bandhugaonzagaz...
	(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)	<table border="1"> <tr> <td>Yellow Category</td> <td>28 kg</td> </tr> <tr> <td>Red Category</td> <td>22 kg</td> </tr> <tr> <td>White</td> <td>26 kg</td> </tr> <tr> <td>Blue Category</td> <td>19 kg</td> </tr> <tr> <td>General Solid waste</td> <td>27 kg</td> </tr> </table>	Yellow Category	28 kg	Red Category	22 kg	White	26 kg	Blue Category	19 kg	General Solid waste	27 kg																																										
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(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	<table border="1"> <tr> <td>Red Category (like plastic, glass etc.)</td> <td></td> </tr> </table>	Red Category (like plastic, glass etc.)																																																			
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(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"> <tr> <td>Quantity generated</td> <td>Where disposed</td> </tr> </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	yes
	(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	
	(i) Number of trainings conducted on BMW Management.	03 NO
	(ii) number of personnel trained	06 NO.
	(iii) number of personnel trained at the time of induction	06 NO.
	(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 27 to December - 84

Rozni Ramon Samal
Name and Signature of the Head of the Institution

Date: 5/1/85
Place: Nilabadi