## PHE, (N) ALMONDA

## 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)]

SI.	Particulars		
10.			
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Rasmi Ranjan
	(ii) Name of HCF or CBMWTF	:	Samaj. MO/1e
	(iii) Address for Correspondence	·	PHC(N) ALMONDA
	(iv) Address of Facility	·	AT-ALMONDA, PO-ALMON
	(v)Tel. No. Fax. No	: -	1
	(vi) E-mail ID	:	alanda a a a a a
	(vii) URL of Website		Ahm. bandhugaan 18-@gmar
	(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	:	Authorisation No.:
	Waste (Management and Handling) Rules		19.B. 29-06.19valid up to
	(xi) Status of Consents under Water Act and Air		Valid up to:
	Act		
2.	Type of Health Care Facility	:	NOT. Applicable
	(i) Bedded Hospital	;	No. of Beds:
	(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		
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 CBMWFF:	:	Kg per day

	(iv) Quantity of biomedical waste treated by CBMWTF				-	Kg/day	A STATE OF THE STA	
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)				Red Category: 30 Kg Red Category: 17 Kg White: 15 Kg Blue Category: 30 Kg General Solid waste: 160 Kg			
5	Details of the Storage, treatment, transportation, processing and Disposal Facility							
	(i) Details of the on-site storage	Size : Capacity :						
	facility							
			Provision of on-site storage : (cold storage of any other provision)					d storage of
	(ii) Details of the treatment or disposal facilities			of treatment		No of unit s	Cap acit y Kg/ day	Quantity treatedo r disposed in kg per annum
	•		Inciner Plasma Autocla Microw Hydroc Shreddo Needle	Pyro aves vave clave er	lysis X	,		
			destroy Sharps encapsu		n or		-	
			concrete Deep by	e pit		•		
			Chemic disinfect Any oth equipm	ction: ner tre	eatmen	t	•	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plast			astic, 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		Nill			ntity crated	Whe dispo	

during the treatment of wastes in Kg	Incineration
	Ash Nil
per dimension	ETP Sludge
(vi) Name of the Common Bio-	
Medical Waste Treatment Facility	
Operator through which wastes are	
(vii) List of member HCF not handed	
Do you have bio-medical waste	
management committee? If yes, attach	
the reporting period	
Details trainings conducted on BMW	
(i) Number of trainings conducted on	
BMW Management.	
(ii) number of personnel trained	,
(iii) number of personnel trained at	
the time of induction	
(iv) number of personnel not	
undergone any training so far	
(v) whether standard manual for	
training is available?	
(vi) any other information)	
Details of the accident occurred	Nill
during the year	MIII
(i) Number of Accidents occurred	NIH
(ii) Number of the persons affected	NIN
(iii) Remedial Action taken (Please	
attach details if any)	
(iv) Any Fatality occurred, details.	NIU
Are you meeting the standards of air	
Liquid waste generated and treatment	
methods in place. How many times	
you have not met the standards in a	
year?	
method or l	
sterilization meeting the log 4	
	Medical Waste Treatment Facility Operator through which wastes are disposed of  (vii) List of member HCF not handed over bio-medical waste.  Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period  Details trainings conducted on BMW  (i) Number of trainings conducted on BMW Management.  (ii) number of personnel trained at the time of induction  (iv) number of personnel trained at the time of induction  (iv) number of personnel mot undergone any training so far  (v) whether standard manual for training is available?  (vi) any other information)  Details of the accident occurred during the year  (i) Number of Accidents occurred (ii) Number of the persons affected  (iii) Remedial Action taken (Please attach details if any)  (iv) Any Fatality occurred, details.  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  Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?  Is the disinfection method or

	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)

Certific	ed that the above report is for the period	from
	01-01-20	71 - 31-12-21021
Date: Place	26-10-22 Armonda	Name and Signal drops the Institution