etic Bondhurgaum

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		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	•	medical offer 1/c
	(ii) Name of HCF or CBMWTF		CHC Bandhugem
	(iii) Address for Correspondence		AT/PD-Bandlingam
	(iv) Address of Facility		Bandmegam, Koraput
	(v)Tel. No. Fax. No	•	1500
	(vi) E-mail ID	•	
	(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.: 8101 No.: 13108 1.19 No.: 13108 1.19 No.: 131/03/2
	(xi). Status of Consents under Water Act and Air Act	;	Valid up to:
2.	Type of Health Care Facility	1	
	(i) Bedded Hospital	:	No. of Beds: 16
-	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
1	(iii) License number and its date of expiry		
1	Details of CBMWTF	1:	
	(i) Number healthcare facilities covered by CBMWTF	:	
1	(ii) No of beds covered by CBMWTF	:	
1	(iii) Installed treatment and disposal capacity of CBMWTF:	***	Kg per day

	(iv) Quantity of biomedical waste treated by CBMWTF				ig/day		200
4.	Quantity of waste generated or dispos annum (on monthly average basis)	sed in	Kg per	Red Cat White: Blue Ca		1.3	383 16 3 my 3 my
	Details of the Storage, treatment, transp	ortatio		and Dispos	sal Facili	ty	
SHAM	(i) Details of the on-site storage	1:	Size :				
	facility		Capacity:				
1			Provision of any other pr		storage '	: (col	d storage or
52.50 (a)	(ii) Details of the treatment or disposal facilities		Type of t equipmen		No of unit s	Cap acit y Kg/ day	Quantity treatedo r disposed in kg per annum
			destroyer	yrolysis es ve ve ve p cutter or	х х 2		03
			equipme	pit rial pits: t ion: cr treatmen nt:			743 743 743
sol	d to authorized recyclers after atment in kg per annum.	•	Red Catego		astic, gla	iss etc.)
wa	ste of biomedical	*					
(v)	Details of incincration ash and				01		Vhere
ET	P sludge generated and disposed				antity erated		isposed

	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	40
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	09
	(ii) number of personnel trained	36
	(iii) number of personnel trained at the time of induction	16
	(iv) number of personnel not undergone any training so far	
	(v) whether standard manual for training is available?	49
	(vi) any other information)	
8	Details of the accident occurred during the year,	
	(i) Number of Accidents occurred	NII
	(ii) Number of the persons affected	NIII *
	(iii) Remedial Action taken (Please attach details if any)	
	(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?	- NA -
	Details of Continuous online emission monitoring systems installed	
10	Liquid waste generated and treatment methods in place. How many times	yes (Lasteur Room) (1905)
	you have not met the standards in a year?	Jeg (Laubaux 2007)
11	Is the disinfection method or sterilization meeting the log 4	

not met the standards in a year: (Air Pollution Control Devices attached w	ith the
12 Any other relevant information : (Air Pollution Control Sevices described in Incinerator)	

31-12/2023
~ 1D = x
and a line about the lines
ne