



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	CHC, Chamelasali
	(i) Name of the authorised person (occupier or operator of facility)	Dr. Ashok Ku Korr
	(ii) Name of HCF or CBMWTF	CHC, Chamelasali
	(iii) Address for Correspondence	At/P.O - Chamelasali
	(iv) Address of Facility	Post - Bhaupura Pin - 756113
	(v) Tel. No, Fax. No	
	(vi) E-mail ID	lpmuch3@gmail.com
	(vii) URL of Website	NA
	(viii) GPS coordinates of HCF or CBMWTF	Yes
	(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.: Authorization under process valid up to Apprecy of 25.05.2024
(xi). Status of Consents under Water Act and Air Act	Valid up to: A under process	
2.	Type of Health Care Facility	No. of Beds:.....30
	(i) Bedded Hospital	
	(ii) Non-bedded hospital	

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	(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 CBMWTF:	_____ 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 : 180 kg Red Category : 75 kg White: 10 kg Blue Category : 130 kg General Solid waste: 200 kg																												
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																													
	(i) Details of the on-site storage facility disposal facilities :	Size : Capacity : Provision of on-site storage : (cold storage or any other provision)																												
		<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</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>03</td> <td>522</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>01</td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/ day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves	03	522		Microwave				Hydroclave				Shredder	01		
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		Needle tip cutter or destroyer -	05		
		Sharps encapsulation - or concrete pit -			
		Deep burial pits:	02	6" x 2"	
		Chemical disinfection: -			
		Any other treatment equipment:			
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.				
	(iv) No of vehicles used for collection and transportation of biomedical waste				
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum				
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	District			
	(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				
7.	Details trainings conducted on BMW				
	(i) Number of trainings conducted on BMW Management.	02			
	(ii) number of personnel trained	22			
	(iii) number of personnel trained at the time of induction				


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	(iv) number of personnel not undergone any training so far	
	(v) whether standard manual for training is available?	
	(vi) any other information)	
8.	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	NTI
	(ii) Number of the persons affected	
	(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?	
	Details of Continuous online emission monitoring systems installed	
10.	Liquid waste generated and treatment Methods in place. How many times you have not met the standards in a Year?	
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	

Certified that the above report is for the period from

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Date: 18.06.2024

Name and Signature of the Head of the Institution

Place CHC Chondasali

(Signature) 18/06/24