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. No.	Particulars					
1	Particulars of the Occupier	ж				
	(i) Name of the authorized person (occupier	* *	Carolina and Champion			
	or : operator of facility)	*	SUPERINTENDENT, SDH CHAMPUA			
	(ii) Name of HCF or CBMWTF	×	SDH CHAMPUA, DIST- KEONJHAR			
***************************************	(iii) Address for Correspondence	*	AT/PO-CHAMPUA, DIST-KEONTHAR			
	(iv) Address of Facility		PIN-758041			
-	(v)Tel. No, Fax. No	:	9439998927			
	(vi) E-mail ID	*	Ohmshamous @ amail com			
***************************************	(vii) URL of Website	2 4	nhonchempua @ gmail. com. www. Schichampua, in			
	(viii) GPS coordinates of HCF or CBMWTF	:	TOTAL SOLIT CHANGE (T)			
	(ix) Ownership of HCF or CBMWTF	5 9	(State Government or Private or Semi Govt. or any other) STATE GOVERNMENT			
	(x). Status of Authorization under the Bio-Medical	4 **	Authorisation No.: 12034/SPCB dated 05-10-2018			
***************************************	Waste (Management and Handling) Rules		Valid upto: 3103202			
	(xi). Status of Consents under Water Act and	:	Valid upto: 31.03.2023			
	Air		1661/IND-1-CON-6705 dt. 12.02,			
2	Type of Health Care Facility	×	- 1 - 2020			
***************************************	(i) Bedded Hospital	:	No. of Beds: 38			
***************************************	(ii) Non-bedded hospital					
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)					
	(iii) License number and its date of expiry	<u> </u>				
3	Details of CBMWTF	*				
	(i) Number of health care facilities covered by CBMWTF	*	*			
	(ii) No. of Beds covered by CBMWTF	*				
afor the case of the case of the case of	(iii) Installed treatment and disposal capacity of CBMWTF;	÷	Kg / day			
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	Ф Ж	Kg / day			
4	Quantity of waste generated or disposed in	:	Yellow Category: 163 kg			
	Kg per Annum (on monthly average basis)		Red Category: 75 kg			
			White: 26 kg			
			Blue Category: 7/ Kg)			
			General Solid Waste: 0538 kg			
5	Details of the Storage, Treatment, Transportat	tion, l				
************************	(i) Details of the on-site storage		Size:			

	facility			Capacity:			
				Provision of on-site storage: (Cold storage or any other provision) STORED IN CONTAINM			
HERN-BERTON IN AN SECURITION OF THE SECURITION O	(ii)	Disposal facilities					Quantity Treatedor disposed
				Type of treatment	No of	Capacit	in kg
				equipment	Units	Kg/day	annum
				Incinerators			
				Plasma			
				Pyrolysis	4		
				Autoclaves	01		
				Microwave			
				Hydroclave			
				Shredder	01		
	la .			Needle tip			
				cutter or			
				destroyer			
				Sharps	01		
				Encapsulation			
				or concrete			
				pit			
				Deep burial pits	03		
				Chemical			
			-	disinfection:			
				Any other		And a	***************************************
				treatment			
				equipment:			
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after	*	Red Category (gory (like plastic, glass, etc.)		
	(iv)	treatment in Kg per annum No. of Vehicles used for			*************************************		
	(iv)	collection and transportation of biomedical waste	*				
	(v)	Details of incineration ash and ETP sludge generated and			Quant	,	Where disposed
		disposed during the treatment of		Incineration			g
		wastes in Kg per annum		Ash			***************************************
		J ,		ETP Sludge			
***************************************	· (vi)	Name of the Common Bio-					
	(3.7)	Medical Waste Treatment Facility Operator through which wastes		M/S BHARAT SECURITY SERVICES, JAJPUR		R	
		are disposed of					
	(vii)	List of member HCF not handed over bio-medical waste.					
6	Dayouh			J.			
O	Do you have bio-medical waste management committee? If yes, attach						
		of the meetings held during the		YES			
	minutes	or the meetings held duffing the					

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management	01	
	(ii) Number of personnel trained	75	
7.2	(iii) Number of personnel trained at the time of induction		
	(iv) Number of personnel not undergone any training so far	4 30	
	(v) Whether standard manual for training is available?	YES	
3	Details of the accident occurred during the year		
	(i) Number of Accidents occurred	NIL	
	(ii) Number of persons affected	NIL	
	(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	No	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	YES	
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		
JANVARY	1 2022 - DECEMBER	-2022	
		10 hm	(27)

Name and Signature of the Head of the Institution

Superintendent
Sub-Divisional Hospital, Champua

Date: 13-01-2023

Place: SDH CHAMPUA-