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	:				
	(i) Name of the authorized person (occupier or : operator of facility)	:	SUPERINTENDENT, SDA CHAMPUA			
	(ii) Name of HCF or CBMWTF	:	SOH CHAMPUA, MST-KDONTHAR			
	(iii) Address for Correspondence	:	APPO - CHAMPUA, DIST-FEONTHAR			
	(iv) Address of Facility	:	PW - 758041			
	(v)Tel. No, Fax. No	:	9439998927			
	(vi) E-mail ID	:	nhim cham mus (a) gmant, com.			
	(vii) URL of Website	:	mm. sahcharpua it.			
	(viii) GPS coordinates of HCF or CBMWTF	:	71111			
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) STATE GOVERNMENT			
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Authorisation No.: 12034/SPCB date 05.10.2048 Valid upto: 31.03.2025			
	(xi). Status of Consents under Water Act and Air Act		Valid upto: 31.03.2013 1661/IND-1-CON-6705 dt. 12.02.2020			
2	Type of Health Care Facility	:				
	(i) Bedded Hospital	:	No. of Beds: 38			
3	(ii) Non-bedded hospital 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 of health care facilities covered by CBMWTF	:				
	(ii) No. of Beds covered by CBMWTF	:				
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	Kg / day			
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	Kg / day			
1	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 168 Kg Red Category: 83 Kd White: 22 Kg Blue Category: 73 Kg General Solid Waste: 533 kg			
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility					
	(i) Details of the on-site storage	:	Size:			

4	facility		Provision of on-site storage: (Cold storage or any other provision) CONTAINMENT AREA				
	(ii)	Disposal facilities		Type of treatment	No of	Capacity	Quantity Treatedo disposed in kg per
				equipment	Units	Kg/day	annum
				Incinerators			
				Plasma Pyrolysis			
				Autoclaves	01		
				Microwave			
				Hydroclave	0.1		
				Shredder	01		
				Needle tip cutter or destroyer			
				Sharps	01		
				Encapsulation or concrete pit			
				Deep burial pits	03		
				Chemical disinfection:			
				Any other treatment equipment:			
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.)			
i.	(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:				
	ett	Details of incineration ash and ETP sludge generated and			Quan		Where disposed
		disposed 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		MS. M. SERI	EDIAD MARKETIN VICES, BBSP		
	(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			

1_	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management	O1.		
	(ii) Number of personnel trained	66-		
	(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?	Yes		
8	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?	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?	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 2023 - DECEMBER	2023
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Name and Signature of

Superintendent Sub-Divisional Hospital, Champua

16-02.2004 SDH CHAMPUA

Place: