

**Form - IV**  
**(See rule 13)**  
**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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   | :                      |  |
|  | (i) Name of the authorised person (occupier or operator of facility)                                    | :                      | <b>DR SUKANTA KUMAR DALAI</b>  |
|  | (ii) Name of HCF or CBMWTF  | :                      | <b>CHC, RAGHUNATHPUR</b>   |
|  | (iii) Address for Correspondence  | :                      | <b>AT/PO-RAGHUNATHPUR, DIST- JAGATSINGHPUR</b>   |
|  | (iv) Address of Facility  | :                      | <b>AT/PO-RAGHUNATHPUR, DIST- JAGATSINGHPUR</b>   |
|  | (v) Tel. No, Fax. No  | :                      |  |
|  | (vi) E-mail ID  | :                      | <b>Mocheraghunathpur2@gmail.com</b>  |
|  | (vii) URL of Website  | :                      |  |
|  | (viii) GPS coordinates of HCF or CBMWTF   | :                      |  |
|  | (ix) Ownership of HCF or CBMWTF   | :                      | <b>(State Government )</b>   |
|  | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules                | :                      | <b>Authorization No.: 5680/SPCB/AUTHORIZATION.bmw dt-05/05/2018 valid up to - 31-03-2020</b> |
| (xi). Status of Consents under Water Act and Air Act | :   | <b>Valid up to: NA</b> |  |
| 2.   | Type of Health Care Facility  | :                      |  |
|  | (i) Bedded Hospital   | :                      | <b>No. of Beds:.....16</b>   |
|  | (ii) Non-bedded hospital  | :                      | <b>NA</b>  |
|  | (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | :                      |  |
| (iii) License number and its date of expiry          | :   | <b>NA</b>              |  |
| 3.   | Details of CBMWTF   | :                      | <b>NA</b>  |
|  | (i) Number healthcare facilities covered by CBMWTF  | :                      | <b>1</b>   |

|   |   |                   |
|---|---|-------------------|
| (ii) No of beds covered by CBMWTF                               | : | 16                |
| (iii) Installed treatment and disposal capacity of CBMWTF:      | : | <b>Kg per day</b> |
| (iv) Quantity of biomedical waste treated or disposed by CBMWTF | : | <b>8 kg/day</b>   |

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|  |   |                                    |
|--|---|------------------------------------|
| Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | : | <b>Yellow Category -526.80 Kg</b>  |
|  |   | <b>Red Category-432.62 Kg</b>      |
|  |   | <b>White:12.41 Kg</b>              |
|  |   | <b>Blue Category :379.34 Kg</b>    |
|  |   | <b>General Solid waste:-580 Kg</b> |

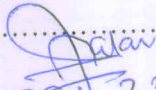
|   |  |   |
|---|--|---|
| 5   | <b>Details of the Storage, treatment, transportation, processing and Disposal Facility</b> |   |
| (i) Details of the on-site storage facility | :  | Size : 8ft X 6ft  |
|   |  | Capacity : 300cubic ft.   |
|   |  | Provision of on-site storage : <b>One Dedicated Common Bio Medical Waste Store Room of Size '8'*6' has been constructed inside the containment area with provision of colour coded buckets &amp; one Autoclave with facilities for hand washing .</b> |

|   |   |  |                    |                |   |
|---|---|--|--------------------|----------------|---|
| disposal facilities   |   | Type of treatment equipment  | No of units        | Capacity Kg    | Quantity treated or disposed per annum                    |
|   |   | Incinerators - No<br>Plasma Pyrolysis - No<br>Autoclaves Microwave -<br><b>Yes(one)</b><br>Hydroclave Shredder-NO<br>Needle tip cutter or- <b>YES(five)</b><br>destroyer<br>Sharps - <b>one</b><br>encapsulation or<br>pit -one<br>Deep burial pits:- <b>Two</b><br>Chemical- <b>Yes</b><br>disinfection:<br>Any other treatment<br>equipment: |                    |                |   |
| (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.                             | : | Red Category (like plastic, glass etc.)  |                    |                | <b>OUT SOURCED</b>  |
| (iv) No of vehicles used for collection and transportation of biomedical waste  | : |  |                    |                | <b>ONE (BY OUT SOURCED AGENCY)</b>                        |
| (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum          |   |  | Quantity generated | Where disposed |   |
|   |   | Incineration Ash<br>ETP Sludge   | NA                 |                |   |
| (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                    | : |  |                    |                | <b>DHH JAGATSINGHPUR</b>                                  |
| (vii) List of member HCF not handed over bio-medical waste.   |   |  |                    |                | NA  |
| 6 Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period |   |  |                    |                | <b>YES<br/>SCANNED COPY OF 10 nos OF MINUTES ENCLOSED</b> |
| NO Details trainings conducted on BMW   |   |  |                    |                |   |
| NO (i) <b>Number of trainings conducted on BMW Management.</b>  |   |  |                    |                | <b>Two</b>  |
| (ii) number of personnel trained  |   |  |                    |                | <b>30 NOS OF PESONEL TRAINED (Refresher Training)</b>     |
| (iii) number of personnel trained at the time of induction  |   |  |                    |                | <b>25 NOS OF PERSONEL TRINED</b>                          |

|     |   |  |
|-----|---|--|
|     | (iv) number of personnel not undergone any training so far  | NIL  |
|     | (v) whether standard manual for training is available?  | YES  |
|     | (vi) any other information)   |  |
| 8   | Details of the accident occurred during the year  | NIL  |
|     | (i) Number of Accidents occurred  | NIL  |
|     | (ii) Number of the persons affected   | NIL  |
|     | (iii) Remedial Action taken (Please attach details if any)  | NIL  |
|     | (iv) Any Fatality occurred, details.  | NIL  |
| 9.  | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?     | NIL  |
|     | 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?                   | <b>LIQUID WASTE MANAGEMENT SYSTEM IS FUNCTIONAL.</b> The Liquid waste generated from Lab., Labour Room, OT & Dressing Room are being treated with 10% Sodium Hypochlorite & discharge to Soak Pit. |
| 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 DT-01/01/2022 TO 31/12/2022

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 Dr. Sukanta Kumar Dalger  
 Name and Signature of the Head of the Institution

Date: 05/01/2023  
 Place: CTR Raghunathpur