

**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)]

| Sl. No | Particulars   |   |  |
|--------|---|---|--|
| 1.     | Particulars of the Occupier   | : |  |
|        | (i) Name of the authorised person (occupier or operator of facility)  | : | Dr. Priyadarshani  |
|        | (ii) Name of Health Care Facility   |   | CHC Biramitrapur   |
|        | (iii) Address for Correspondence  |   | AT/Po: Biramitrapur<br>Block: Kuar Munde, Pin: 770033  |
|        | (iv) Address of Facility  |   | - do -   |
|        | (v) Tel. No, Fax. No  |   | -  |
|        | (vi) E-mail ID  |   | biramitrapurak@gmail.com   |
|        | (vii) URL of Website  |   | Not Available  |
|        | (viii) GPS coordinates of Health Care Facility  |   | - do -   |
|        | (ix) Ownership of Health Care Facility  |   | (State Government <input checked="" type="checkbox"/> or Private or Semi Govt. or any other) |
|        | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules                                  |   | Authorisation No.:<br>..19545/IND-IV-BW-341<br>.....valid up to 31.03.2025                   |
|        | (xi). Status of Consents under Water Act and Air Act  |   | Valid up to:<br>Not Applicable   |
| 2      | Type of Health Care Facility  | : | Government Hospital  |
|        | (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)  |   | —  |             |                 |  |
|   | (iii) License number and its date of expiry   |   | LICENSE NO- 19545/IND-IV-BW-34L.<br>EXPIRY- 31.03.2025.              |             |                 |  |
| 3 | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)  | : | Yellow Category :<br>670 kg/Annum                                    |             |                 |  |
|   |   |   | Red Category : 9,28,440 kg/Annum                                     |             |                 |  |
|   |   |   | White: 5,600 kg/Annum  |             |                 |  |
|   |   |   | Blue Category : 10' kg/Annum   |             |                 |  |
|   |   |   | General Solid waste: 1872kg/annum                                    |             |                 |  |
| 4 | Details of the Storage, treatment, transportation, processing and Disposal Facility |   |  |             |                 |  |
|   | (i) Details of the on-site storage facility   |   | Size : NOT APPLICABLE  |             |                 |  |
|   |   |   | Capacity : NOT APPLICABLE  |             |                 |  |
|   |   |   | Provision of on-site storage : (cold storage or any other provision) |             |                 |  |
|   | (ii) disposal facilities  |   | Type of treatment equipment  | No of units | Capacity Kg/day | Quantity treated or disposed in kg per annum |
|   |   |   | Incinerators   | 0           |                 |  |
|   |   |   | Plasma Pyrolysis   | 0           |                 |  |
|   |   |   | Autoclaves   | 2           |                 |  |
|   |   |   | Microwave  | 0           |                 |  |
|   |   |   | Hydroclave   | 0           |                 |  |
|   |   |   | Shredder   | 0           |                 |  |
|   |   |   | Needle tip cutter or destroyer                                       | 5           | 40gm/day        | 14kg 400gm/annum                             |

|   |   |  |  |                    |                |                 |
|---|---|--|--|--------------------|----------------|-----------------|
|   |   |  | Sharps Encapsulation or concrete pit           | 01.                | 2kgm/day       | 10kg 80gm/annum |
|   |   |  | Deep burial pits                               | 01.                | 100gm/day      | 396 kg/annum    |
|   |   |  | Chemical disinfection                          | Nil                | Nil            | Nil.            |
|   |   |  | Any other treatment equipment                  | Nil                | Nil            | Nil             |
|   | (iii) Quantity of recyclable wastes sold to authorised recyclers after treatment in kg per annum.                           |  | Red Category (like plastic, glass etc.)<br>Nil |                    |                |                 |
|   | (iv) No of vehicles used for collection and transportation of biomedical waste  |  | 01.  |                    |                |                 |
|   | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum        |  | Incineration & Ash ETP Sludge                  | Quantity Generated | where Disposed |                 |
|   |   |  | Nil  | Nil                | Nil            |                 |
|   | (vii) List of member HCF not handed over bio-medical waste.   |  | Nil.   |                    |                |                 |
| 5 | Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period |  | YES.   |                    |                |                 |
| 6 | Details trainings conducted on BMW  |  |  |                    |                |                 |
|   | (i) Number of trainings conducted on BMW Management.  |  | 1  |                    |                |                 |
|   | (ii) number of personnel trained  |  | 42   |                    |                |                 |
|   | (iii) number of personnel trained at the time of induction  |  | 0  |                    |                |                 |
|   | (iv) number of personnel not undergone any training so far  |  | 8  |                    |                |                 |
|   | (v) whether standard manual for   |  |  |                    |                |                 |

|    |   |  |   |
|----|---|--|---|
|    | training is available?  |  | YES   |
|    | (vi) any other information)   |  |   |
| 7  | Details of the accident occurred during the year  |  |   |
|    | (i) Number of Accidents occurred  |  | 10  |
|    | (ii) Number of the persons affected   |  | 10.   |
|    | (iii) Remedial Action taken (Please attach details if any)  |  | Immunised against T.T.  |
|    | (iv) Any Fatality occurred, details.  |  | Nil   |
| 8  | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?     |  | Not Applicable  |
|    | Details of Continuous online emission monitoring systems installed  |  | Not Applicable  |
| 9  | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?                   |  | 0   |
| 10 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? |  | 0   |
| 11 | Any other relevant information  |  | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from JANUARY 2023 - DECEMBER 2023.

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 .....  
 .....  
 .....  
 .....

*[Signature]*  
 6/11/24

Name and Signature of the Head of the  
**Superintendent**  
**Biramitrapur CSHC-II**  
**Sundargarh**

Institution

Date: 6.01.24  
 Place: BIRAMITRAPUR.