

Form - IV
(See rule 13)
ANNUAL REPORT

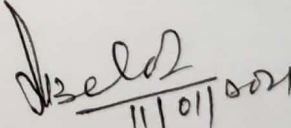
[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF)]

Sl. No.	Particulars												
1.	Particulars of the Occupier	:											
	(i) Name of the authorised person (occupier or operator of facility)	:	DR.Susant Ku.Behera										
	(ii) Name of HCF or CBMWTF	:	HCF										
	(iii) Address for Correspondence	:	DISTRICT HEADQUARTER HOSPITAL, NABARANGPUR										
	(iv) Address of Facility	:	SAME AS ABOVE										
	(v) Tel. No, Fax. No	:											
	(vi) E-mail ID	:	hdt nabrangpur@gmail.com										
	(vii) URL of Website	:											
	(viii) GPS coordinates of HCF or CBMWTF	:											
	(ix) Ownership of HCF or CBMWTF	:	State Government										
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No: - 1486/SPCB/Authorization (Bio Medical Waste), dated 05.02.19, valid up to 31.03.2023.										
	(xi). Status of Consents under Water Act and Air Act	:	Applied for a period of 5 years & awaited for consent.										
2.	Type of Health Care Facility	:											
	(i) Bedded Hospital	:	No. of Beds: 135										
	(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	:											
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)	:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Yellow Category</td> <td>: 408.6</td> </tr> <tr> <td>Red Category</td> <td>: 295</td> </tr> <tr> <td>White:</td> <td>48.85</td> </tr> <tr> <td>Blue Category</td> <td>: 185.66</td> </tr> <tr> <td>General Solid waste:</td> <td>1125</td> </tr> </table>	Yellow Category	: 408.6	Red Category	: 295	White:	48.85	Blue Category	: 185.66	General Solid waste:	1125
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Red Category	: 295												
White:	48.85												
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General Solid waste:	1125												

5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
(i) Details of the on-site storage Facility	:	Size :	
		Capacity :	
		Provision of on-site storage : (cold storage or any other provision)	
(ii) Details of the treatment or disposal facilities	:	Type of treatment equipment	No of Units
		Incinerators - 0	
		Plasma Pyrolysis - 0	
		Autoclaves - 1	
		Microwave - 0	
		Hydroclave - 0	
		Shredder - 1	
		Needle tip cutter or Destroyer - 15	
		Sharps encapsulation or concrete pit - 2	
		Deep burial pits: - 5	
		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.) -	520kg
(iv) No of vehicles used for collection and transportation of biomedical Waste	:	1 for CHCs	
(v) Details of incineration ash and ETP sludge generated and disposed		Quantity generated	Where 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	:		
(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,	
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on		

	BMW Management.		4 batches
	(ii) number of personnel trained		205
	(iii) number of personnel trained at the time of induction		0
	(iv) number of personnel not undergone any training so far		55
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		0
	(ii) Number of the persons affected		0
	(iii) Remedial Action taken (Please attach details if any)		0
	(iv) Any Fatality occurred, details.		0
9.	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		
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 01.01.2020 to 31.12.2021


11/01/2021

Dr. Susant Kumar Behera
DMO(MS)-cum-Superintendent
District Headquarter Hospital, Nabarangpur
(Name and Signature of the Head of the Institution)

Date: 11.01.2021
Place: Nabarangpur