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 Januar / waste treatment facility (CBWTF)]

No.	Particulars					
1			1			
	Particulars of the Occupier					
	Walle of the animal t	:				
	or : operator of facility)	.	D= 011 .411 .411			
	(II) Name of HCF or CPANAGE		Dr. Rabingna North Mishma Hef DHH konsput at Seypone.			
	(iii) Address for Correspond	:	Hef			
_	114) Address of Facility	:	DHH kanglut at Seypone.			
	(V)Tei. No, Fax. No	:	Same ou abone			
	(vi) E-mail ID	:				
	(vii) URL of Website	:	dhhkpt Jeypore @ gmail con			
	(viii) GPS coordinates of HCF or CBMWTF	:	0,			
		:				
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt.			
	(x). Status of Authorization under the Bio-		or any other)			
	Medical Medical	:	Authorisation No.:			
	Waste (Management and Handling) Rules		1ND-1V-BW-196			
	(xi). Status of Consents under Water Act and		Valid upto:3 :03:3034			
	Air Air	:	Valid upto:			
	Act		Applied.			
2	Type of Health Care Facility		· illimo (
	(i) Bedded Hospital	-				
	(ii) Non-bedded hospital	:	No. of Beds: <u>250</u>			
		:				
	Clinical Laboratory or Research Institute or					
	Veterinary Hospital or any other)					
	(iii) License number and its date of expiry	•				
3	Details of CBMWTF	:	1ND-1V-BN-196, 31.03.2024			
	(i) Number of health care facilities	:				
		:				
	covered by CBMWTF					
	(ii) No. of Beds covered by CBMWTF	:				
	(iii) Installed treatment and disposal	:	Kg / day			
	capacity of CBMWTF;		pil i			
	(iv) Quantity of bio medical waste	;	Kg / day			
	treated or disposed by CBMWTF					
4	Quantity of waste generated or disposed in	:	Yellow Category: 5865-86 pm kg.			
	Kg per Annum (on monthly average basis)		Red Category: 4529 84 kg.			
			White: 1048 - 11 hr.			
		Ì	Blue Category: 4035.48			
			General Solid Waste: 5 444. W			
5	Details of the Storage, Treatment, Transports	ation				
	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility (i) Details of the on-site storage : Size:					

		facility	T	Capacity:			
1				Provision of on-	site stor	age: (Co	ld storage or
	1		1	any other provi	sion)		
		i) Disposal facilities		Type of treatment equipment	No of Units	Capacity	Quantity Treatedo disposed in kg per annum
				Incinerators			
				Plasma Pyrolysis			1
			İ	Autoclaves	1		
				Microwave			
				Hydroclave			
				Shredder	1		
				Needle tip			
			Ì	cutter or	17		
				destroyer			
				Sharps			
				Encapsulation			
				or concrete			
				pit			
				Deep burial	4		
				pits			
			ł	Chemical			,
				disinfection:			
	i			Any other			
				treatment			
				equipment:			
	(iii)	Quantity of recyclable wastes	:	Red Category (like plas	tic, glass,	, etc.)
	(111)	sold to authorized recyclers after treatment in Kg per annum		226			
	(iv)	No. of Vehicles used for	:				
	(,	collection and transportation of					
		biomedical waste		1	10	A:4: 4	Where
	(y)	Details of incineration ash and	l 1		Quan Gene		disposed
	ETP disp	ETP sludge generated and disposed during the treatment of			Gene	ateu	изрести
				Incineration	-		
		wastes in Kg per annum		Ash			
				ETP Sludge			
1	(vi)	Name of the Common Bio Medical Waste Treatment Facility Operator through which wastes	·	Dager egy e			
	1.7	are disposed of					
_	(vii)	List of member HCF not handed		4			
	(VII)	over bio medical waste.			``		
7	Do you ha	ave bio-medical waste eent committee? If yes, attach		~\vs, .			
	managem minutes or reporting	of the meetings held during the		d			

	Details trainings conducted on BMW			
[7	(i) Number of trainings conducted	W 1 11		
	on BMW Management	y batchu.		
	(ii) Number of personnel trained	215		
	(iii) Number of personnel trained at			
	the time of induction			
	(iv) Number of personnel not	1-1		
	undergone any training so far	18,		
	(v) Whether standard manual for	•1		
	training is available?	Yes		
	Details of the accident occurred during the			
8	vear			
	(i) Number of Accidents occurred	0		
	(ii) Number of persons affected	0		
	(iii) Remedial Action taken (Please	^		
	attach details if any)	0		
	(iv) Any Fatality occurred, details	0		
	Are you meeting the standards of air	,		
9	Pollution from the incinerator? How	NA		
	many times in last year could not met			
	the standards?			
	Details of Continuous online emission			
	manitoring systems installed			
-10	Limid waste generated and treatment	Ya (Subpit method)		
10	wethods in place. How many times you	ya Coopia		
	have not met the standards III a year.	.1.		
	the disinfection method (1)	Yes.		
11	l an area mosting the log 4			
	standards? How many times you have			
	t the standards in a year!	(Air Pollution Control Devices attached with the Incinerator)		
12	Any other relevant information			
12	Ally Gard.			

Cortified that the above report is	for the period from a. 40 31.12.2021	
01.01.20	ay to 31.12. 0000	
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Name and Signature of the Head of the Institution DMO(MS) -cum- Superintendeni DHH Koraput, Jeypore

Date: 07-01-2022 Place: Jeypone Kyrraput