## 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.<br>No. | Particulars  |        |   |
|------------|--|--------|---|
| 1          | Particulars of the Occupier  | :      | Dr Susant ku. Nayak   |
|            | (i) Name of the authorized person (occupier                                    | :      |   |
|            | or : operator of facility)   |        |   |
|            | (ii) Name of HCF or CBMWTF   | :      | F.M.M.C.H Hospital, Balasore  |
|            | (iii) Address for Correspondence   | :      | Balasore  |
|            | (iv) Address of Facility   | :      | Balasore  |
|            | (v)Tel. No, Fax. No  | :      |   |
|            | (vi) E-mail ID   | :      | hdtbalasore@gamil.com   |
|            | (vii) URL of Website   | :      |   |
|            | (viii) GPS coordinates of HCF or CBMWTF  | :      |   |
|            | (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-<br>Medical                         | :      | Authorisation No.:11597/ Dt 30.10.2019                                    |
|            | Waste (Management and Handling) Rules  |        | Valid upto:31.03.2024   |
|            | (xi). Status of Consents under Water Act and                                   | :      | Valid upto:   |
|            | Air  |        |   |
|            | Act  |        |   |
| 2          | Type of Health Care Facility   | :      |   |
|            | (i) Bedded Hospital  | :      | No. of Beds: <u>430</u>   |
|            | (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                         | :      | 10  |
|            | (ii) No. of Beds covered by CBMWTF   | :      |   |
|            | (iii) Installed treatment and disposal capacity of CBMWTF;                     | :      | _ <u>500</u> Kg / day   |
|            | (iv) Quantity of bio medical waste   | :      | _500Kg / day  |
| _          | treated or disposed by CBMWTF  |        | ,   |
|            | Quantity of waste generated or disposed in                                     | :      | Yellow Category:2046kg 833qm  |
|            | Kg per Annum (on monthly average basis)  |        | Red Category:420kg 997gm  |
|            |  |        | White:61kg 035gm  |
|            |  |        | Blue Category:531kg 583gm   |
|            |  |        | General Solid Waste:30 Tons   |
|            | Details of the Storage, Treatment, Transportat                                 |        | General Solia Waste.30 Tons   |
|            | Details of the Storage, Treatment Transportation                               | ion Di | rocassing and Disposal Facility   |

|   | facility   |  | Capacity:   |   |             |                    |  |
|---|--|--|---|---|-------------|--------------------|--|
| - |  |  | Provision of on-site storage: (Cold storage of any other provision) |   |             |                    |  |
|   | (ii)   | Disposal facilities  |   | Type of treatment equipment               | No of Units | Capacity<br>Kg/day | Quantity Treatedo disposed in kg per annum |
|   |  |  |   | Incinerators                              |             |                    | NA   |
|   |  |  |   | Plasma                                    |             |                    | NA   |
|   |  |  |   | Pyrolysis                                 |             |                    |  |
|   |  |  |   | Autoclaves                                | 1           | 50 kg              |  |
|   |  |  |   | Microwave                                 |             |                    | NA   |
|   |  |  |   | Hydroclave                                |             |                    | NA   |
|   |  |  |   | Shredder                                  |             |                    | NA   |
|   |  |  |   | Needle tip                                | 33Nos       |                    |  |
|   |  |  |   | cutter or<br>destroyer                    |             |                    |  |
|   |  |  |   | Sharps                                    | 5Nos        | 2kg 034gm          | 732Kg.427gm                                |
|   |  |  |   | Encapsulation                             |             |                    |  |
|   |  |  |   | or concrete                               |             |                    |  |
|   |  |  |   | Deep burial pits                          | 6Nos        | 68kg<br>227gm      | 24562kg<br>414gm                           |
|   |  |  |   | Chemical                                  | 4Nos        | 643.533lt          | r 231,671.88                               |
|   |  |  |   | disinfection:                             |             |                    | Ltr  |
|   |  |  |   | Any other                                 |             |                    |  |
|   |  |  |   | treatment                                 |             |                    |  |
|   |  |  |   | equipment:                                |             | 1:l (              | )<br>ht 1                                  |
|   | (iii)  | Quantity of recyclable wastes sold to authorized recyclers after | :   | Red Category (like plastic, glass, etc.)  |             | etc.)              |  |
|   |  | treatment in Kg per annum  | :   | 3Nos                                      |             |                    |  |
|   | (iv) No. of Vehicles used for                            |  | •   | 51.05                                     |             |                    |  |
|   |  | collection and transportation of                                 |   |   |             |                    |  |
|   |  | biomedical waste  Details of incineration ash and                |   |   | Quan        | ,                  | Where                                      |
|   | (v)  | ETP sludge generated and   |   |   | Gene        | rated              | disposed                                   |
|   | disposed during the treatme wastes in Kg per annum       | disposed during the treatment of                                 |   | Incineration                              |             |                    |  |
|   |  | wastes in Kg ner annum   |   | Ash                                       |             |                    |  |
|   |  | Mastes III 10 Per anni   |   | ETP Sludge                                |             | G) ( )             | ihai aahi                                  |
|   | (vi) Name of the Common Bio-                             |  |   | M\S Rabindra Bhoi , I .G Marg, Bhoi sahi, |             |                    |  |
|   | (VI)   | Medical Waste Treatment Facility Operator through which wastes   |   | Balasore, 756001(Odisha)                  |             |                    |  |
|   |  |  |   |   |             |                    |  |
|   |  | are disposed of  |   |   |             |                    |  |
|   | (vii)  | List of member HCF not handed                                    |   |   |             |                    |  |
|   | (411)  | over bio-medical waste.  |   |   |             |                    |  |
| 6 | Do you have bio-medical waste                            |  |   | yes                                       |             |                    |  |
| O | management committee? If yes, attach                     |  |   |   |             |                    |  |
|   | minutes of the meetings held during the reporting period |  |   |   |             |                    |  |
|   |  |  |   | 1   |             |                    |  |

| 4  |   |  |
|----|---|--|
|    | Details trainings conducted on BMW          |  |
|    | (i) Number of trainings conducted           | 3  |
|    | on BMW Management                           | D. L.  |
|    | (ii) Number of personnel trained            | SN, LT, Group- iv, Doctor                    |
|    | (iii) Number of personnel trained at        |  |
|    | the time of induction                       |  |
|    | (iv) Number of personnel not                | Nil  |
|    | undergone any training so far               |  |
|    | (v) Whether standard manual for             | Yes  |
|    | training is available?                      |  |
| 8  | Details of the accident occurred during the |  |
|    | year  |  |
|    | (i) Number of Accidents occurred            | No   |
|    | (ii) Number of persons affected             | No   |
|    | (iii) Remedial Action taken (Please         |  |
|    | attach details if any)                      |  |
|    | (iv) Any Fatality occurred, details         | D.I.A.                                       |
| 9  | Are you meeting the standards of air        | NA   |
|    | Pollution from the incinerator? How         |  |
|    | many times in last year could not met       |  |
|    | the standards?                              | NA   |
|    | 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?       |  |
| 11 | Is the disinfection method or               |  |
|    | sterilization meeting the log 4             |  |
|    | standards? How many times you have not      |  |
|    | met the standards in a year?                | (Air Pollution Control Devices attached with |
| 12 | Any other relevant information              | the Incinerator) NA                          |
|    |   | the incherator) was                          |

| Certified that the above report is for the period from 1 <sup>ST</sup> January |  |
|--|--|
|  |  |
|  |  |
|  |  |

Name and Signature of the Head of the Institution

Date:

Place:

gy/os/2022