

Form-IV
(See Rule-13)
Annual Report

[To be submitted to the prescribed authority on or before 30th June every year for the period of 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 authorized person (occupier or operator of facility) | : |
| | (ii) Name of HCF or CBMWTF | : |
| | (iii) Address for Correspondence | : |
| | (iv) Address of Facility | : |
| | (v) Tel.No.,Fax. No | : |
| | (vi) E-mail ID | : |
| | (vii)URL of Website | : |
| | (viii) GPS coordinates of HCF or CBMWTF | : |
| | (ix) Ownership of HCF or CBMWTF | : |
| | (x) Status of Authorization under the Biomedical Waste (Management and Handling) Rule | : |
| | (xi) Status of Consent under Water Act and Air Act | : |
| | Type of Health Care Facility | : |
| | (i) Bedded Hospital | : |
| | (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. 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) | : | Yellow Category : 5357.165 kg Red Category : 2611.594 kg White : 407.687 kg Blue Category: 2616. 548 kg General Solid Waste : 4290.270 kg | | | | | | | | | | | | | | | | |
| 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 oth provision) | | | | | | | | | | | | | | | | |
| | (ii) Disposal facilities | : | <table border="1"> <thead> <tr> <th>Type of treatment Equipment</th> <th>No of Units</th> <th>Capacity Kg/Day</th> <th>Quantity treated or Disposed In kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclave</td> <td>1</td> <td></td> <td>12 kg/ day</td> </tr> </tbody> </table> | Type of treatment Equipment | No of Units | Capacity Kg/Day | Quantity treated or Disposed In kg per annum | Incinerators | | | | Plasma Pyrolysis | | | | Autoclave | 1 | | 12 kg/ day |
| Type of treatment Equipment | No of Units | Capacity Kg/Day | Quantity treated or Disposed In kg per annum | | | | | | | | | | | | | | | | |
| Incinerators | | | | | | | | | | | | | | | | | | | |
| Plasma Pyrolysis | | | | | | | | | | | | | | | | | | | |
| Autoclave | 1 | | 12 kg/ day | | | | | | | | | | | | | | | | |

| | | Microwave Hydroclave Shredder - 1 12 kg/day | | | | | | | | | | | | |
|---|-----------------------|--|--|-----------------------|----------------|--------------|----|--|-----|--|--|------------|--|--|
| | | Needle tip cutter or destroyer -15 | | | | | | | | | | | | |
| | : | Sharps encapsulation Or concrete pit: 4 | | | | | | | | | | | | |
| | | Deep burial pit: 8 Chemical disinfection: yes Any other treatment Equipments: | | | | | | | | | | | | |
| | : | Red Category (like plastic, glass etc.) | | | | | | | | | | | | |
| (iii) Quantity of recyclable wastes Sold to authorized recyclers after treatment in kg per annum | : | | | | | | | | | | | | | |
| (iv) No. of vehicles used for collection and transportation of biomedical waste. | : | 3 | | | | | | | | | | | | |
| (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum. | : | <table border="0"> <thead> <tr> <th></th> <th>Quantity Generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration</td> <td>NA</td> <td></td> </tr> <tr> <td>Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table> | | Quantity Generated | Where disposed | Incineration | NA | | Ash | | | ETP Sludge | | |
| | Quantity Generated | Where disposed | | | | | | | | | | | | |
| Incineration | NA | | | | | | | | | | | | | |
| Ash | | | | | | | | | | | | | | |
| ETP Sludge | | | | | | | | | | | | | | |
| (vi) Name of the Common Bio-medical Waste Treatment Facility operator through which waste are disposed of | : | Own treatment facility | | | | | | | | | | | | |
| (vii) List of member HCF not handed over bio-medical waste. | : | | | | | | | | | | | | | |
| 6 Do you have bio-medical waste Management committee? If yes, Attached minutes of the meetings held during the reporting period | : | yes | | | | | | | | | | | | |
| 7 Details training conducted on BMW | : | | | | | | | | | | | | | |
| (i) Number of trainings | : | 3 nos. | | | | | | | | | | | | |

| | | | |
|----|---|---|--|
| | conducted on BMW management. | | |
| | (ii) Number of personnel trained | : | 189 |
| | (iii) Number of Personnel trained at the time of induction | : | |
| | (iv) Number of personnel not undergone any training so far | : | NIL |
| | (v)(Any Other Information) | : | |
| 8 | Details of the accident occurred during the last year | : | NIL |
| | (i) Number of accident occurred | : | NIL |
| | (ii) Number of the persons affected | : | NIL |
| | (iii) Remedial action taken (please attached details if any) | : | NA |
| | (iv) Any fatality occurred, details | : | Register being maintained |
| 9 | Are you meeting the standard of air pollution from the incinerator? How many times in last year could not meet the standards? | : | NA |
| | Details of continues online emission Monitoring system installed. | : | NA |
| 10 | Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year? | : | Separate basins with syntax tank system were installed for liquid waste. After chemical treatment waste water discharged into drain. |
| 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 | : | NA |

Sub:

Certified that above report is for the period from
January 2021 – December 2021 ...

Date: 11/07/22
 Place: *[Signature]*
 BHA.

[Signature]
 11/07/22

Name and signature of the Head of the Institution
Asst. District Medical Officer(Med)
Kalahandi

The A.D.M.O., Medical
Kalahandi

Sub: Submission of Biomedical Waste Report for the year 2021 w.e.f. 01.01.2021 to 31.12.2021.

| Yellow | Red | Blue | White | Black |
|-------------|-------------|-------------|------------|-------------|
| 5357.165 kg | 2611.594 kg | 2616.548 kg | 407.687 kg | 4290.270 kg |

Sir,
With reference to the subject cited above I here with submit Biomedical Waste Report of DHH,
Kalahandi for the year 2021 for your kind information.

Yours Faithfully

Chaitanya Naik
Supervisor BMW Agency
DHH Kalahandi

