

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 authorized person (occupier or operator of facility)	:	Dr. Sukanta Chandra Satpathy															
	(ii) Name of HCF or CBMWTF	:	HCF															
	(iii) Address for Correspondence	:	DISTRICT HEADQUARTERS HOSPITAL, NABARANGPUR															
	(iv) Address of Facility		SAME AS ABOVE															
	(v) Tel. No, Fax. No	:	9439990206															
	(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 Authorization 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	:	Valid up to 31.03.2024															
2.	Type of Health Care Facility	:																
	(i) Bedded Hospital	:	No. of Beds: 250															
	(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	:	Operated by M/s. Renewable															
	(i) Number healthcare facilities covered by CBMWTF	:																
	(ii) No of beds covered by CBMWTF	:																
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA															
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA															
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<table border="0"> <tr> <td>Yellow Category</td> <td>:</td> <td>6113.3</td> </tr> <tr> <td>Red Category</td> <td>:</td> <td>3749.1</td> </tr> <tr> <td>White:</td> <td></td> <td>622.5</td> </tr> <tr> <td>Blue Category</td> <td>:</td> <td>3854.6</td> </tr> <tr> <td>General Solid waste:</td> <td></td> <td>559.4</td> </tr> </table>	Yellow Category	:	6113.3	Red Category	:	3749.1	White:		622.5	Blue Category	:	3854.6	General Solid waste:		559.4
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General Solid waste:		559.4																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																	

	(i) Details of the facility	on-site storage	:	Size :	
				Capacity :	
				Provision of on-site storage : (cold storage or any other provision)	
	(ii) Details of the disposal facilities	treatment or	:	Type of treatment equipment	No of Units
				Incinerators - 0 Plasma Pyrolysis - 0 Autoclaves - 1 Microwave - 0 Hydroclave - 0 Shredder - 1 Needle tip cutter Destroyer - 15 Sharps encapsulation or concrete pit/ Sharp Pit- - 5 Deep burial pits: - 11 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.) -	1000 kg
	(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		120
	(iii) number of personnel trained at the time of induction		0
	(iv) number of personnel not undergone any training so far		35
	(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 01.01.2023 to 31.12.2023

10/12/24
 Dr. Sukanta Chandra Satpathy
 DMO(MS)-cum-Superintendent
 District Headquarter Hospital, Nabarangpur
 (Name and Signature of the Head of the Institution)

Date:

Place: Nabarangpur