Form - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30^{th} 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)]

Sl.	Particulars		
No.			
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or	:	Dr. Satish Pant
	operator of facility)		
	(ii) Name of HCF or CBMWTF	:	CHC Garampani
	(iii) Address for Correspondence	•	Khairna, PO Garampani, Nainital
	(iv) Address of Facility		CHC Garampani, Khairna, PO Garampani, Nainital
	(v)Tel. No, Fax. No	:	05942-245777
	(vi) E-mail ID	:	chc.garampani@gmail.com
	(vii) URL of Website		https://chcbetalghatnainital.in/
	(viii) GPS coordinates of HCF or CBMWTF		29.49, 79.48
	(ix) Ownership of HCF or CBMWTF	:	State Government
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	÷	Authorisation: Yes No.: letter no. UEPPCB/ ROH/ con/ BMW/ 19/ 1045-237 Valid up to: 31.03.2021 Renewal applied, fee deposited in June 2021!
	(xi). Status of Consents under Water Act and Air Act	:	Renewal applied, fee deposited in June 2021!
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 30
	(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	:	Kg/day
	by CBMWTF		
4.	Quantity of waste generated or disposed in Kg per	:	Yellow Category: 106.47 kg/month
	annum (on monthly average basis)		Red Category: 13.08 kg/month

	I					White: 1	2 lza/m	onth	
						Blue Cate			/month
							<u> </u>		
_	Data:1 641 04	4	4 . 4: .						47 kg/month
5	Details of the Storage,		ortatio		ssing a	na Disposa	II Facilii	ly	
	(i) Details of the	on-site storage	:	Size	•		_		
	facility			Capaci	ty:		-		
				Provisi	on of	on-site ste	orage	: (col	d storage or
				any oth			C		
	(ii) Details of the	treatment or	:			atment	No	Cap	Quantity
	disposal facilities				pment		of	acit	treatedo
				o qui	P		unit	y	r
							S	Kg/	disposed
								day	in kg
								day	•
									per
				т					annum
					nerators				-
					ma Pyr	-			
					oclaves		1		
					rowave				
				_	roclave)			
					dder		1 6		
						cutter or		_	
					royer				
				Shar	•				
				enca	psulati	on or	1	-	
				conc	rete pi	t			
				Dee	o buria	l pits:	1		
				Che	nical		1		
				disir	fection	1:	•	-	
				Any	other t	reatment			
				equi	pment:				
	(iii) Quantity of re	cvclable wastes	:	Red Ca	itegory	(like plast	ic. glass	etc.)	
	sold to authorized rec	•			0-1	, P.ws	-	- //	
	treatment in kg per anr	-							
	(iv) No of vehicles us		:				_		
	and transportation								
	waste	or bioiniculcal							
	(v) Details of incine	aration ash and				Ouers	its	3371.	iere
	` '					Quant	•		
	ETP sludge generate			T '		genera	aicu	_ uisj	posed
	during the treatment	or wastes in Kg			eration				
	per annum			Ash	71 1				
				ETP S	Sludge				
	(vi) Name of the		:				-		
	Medical Waste Tre	-							
	Operator through whi	ch wastes are							
	disposed of								
	(vii) List of member l						-	_	
	over bio-medical wast	e							
6	Do you have bio	-medical waste					yes		
	management committee	ee? If yes, attach							
	minutes of the meeting	gs held during							
	the reporting period	_							

7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on	7
	BMW Management.	
	(ii) number of personnel trained	39
	(iii) number of personnel trained at	04
	the time of induction	
	(iv) number of personnel not	00
	undergone any training so far	
	(v) whether standard manual for	yes
	training is available?	
	(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	0
	attach details if any)	
	(iv) Any Fatality occurred, details.	none
9.	Are you meeting the standards of air	-
	Pollution from the incinerator? How	
	many times in last year could not met	
	the standards?	
	Details of Continuous online emission	-
	monitoring systems installed	
10	Liquid waste generated and treatment	ETP plant in lab
	methods in place. How many times	
	you have not met the standards in a	
	year?	
11	Is the disinfection method or	Yes
	sterilization meeting the log 4	

	standards? How many times you have		
	not met the standards in a year?		
12	Any other relevant information	:	

Certified that the above report is for the period from 01.01.2024 to 31.12.2024

Dr. Satish Pant Medical Superintendent CHC Garampani

Date: 16.01.2025 Place: Garampani