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.	Particulars		
No			
1.	Particulars of the Occupier	1.	
	(i) Name of the authorised person (occupier or	-	Dr. Satish Pant
	operator of facility)		Di. Satisti Falli
	(ii) Name of HCF or CBMWTF	1:	CHC Betalghat
	(iii) Address for Correspondence	:	PO Betalghat, Nainital
	(iv) Address of Facility	+	
	(v)Tel. No, Fax. No		CHC Betalghat, PO Betalghat, Nainit
	(vi) E-mail ID		05942-241771
	(vii) URL of Website	<u> </u> :	chcbetalghat@gmail.com
	(viii) GPS coordinates of HCF or CBMWTF	-	https://chcbetalghatnainital.in
	(ix) Ownership of HCF or CBMWTF	\rightarrow	29.55, 79.33
		:	State Government
	(x). Status of Authorisation under the Bio-Medical	1:	Authorisation: Yes
	Waste (Management and Handling) Rules		No.: BMW/19/01/31
			Valid up to: 31.03.2021
			Renewal applied, fee deposited in June 2021!
	(xi). Status of Consents under Water Act and Air	1:	Renewal applied, fee deposited in
	Act		June 2021!
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 30
	(ii) Non-bedded hospital	:	-
	(Clinia or Plant P. I. authorise		
	(Clinic or Blood Bank or Clinical Laboratory or		
	Research Institute or Veterinary Hospital or any other)		
1	(iii) License number and its date of expiry		
	Details of CBMWTF		-
	(i) Number bestel	:	-
	(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		Karl stagged Of
	by CBMWTF	:	Kg/day CHC \$
	Quantity of waste generated or disposed in Kg per	:	Cint
	annum (on monthly average basis)	·	Yellow Category: 7.842 kg/ month Red Category: 4.04 kg/ month
			White: 0.79 kg/ month
			Blue Category: 1.73kg/month

	(i) Details of the	on-site storage	: 1:	Size :				
	facility			Capacity:				
			-	Provision of on-site s	torana	. (22	L.I.	
				any other provision)	norage	: (co	ld storage	
	(ii) Details of the	treatment or	:	Type of treatment	No	- C	0	
	disposal facilities			equipment	of	Cap	Quantity treatedo	
				- Capitalian	unit	1		
					s	y Kg/	r disposed	
					3	day	in kg	
						day	_	
							per	
				Incinerators	-	-	annum	
				Plasma Pyrolysis				
				Autoclaves				
				Microwave	1	1		
				Hydroclave				
				Shredder	1			
				Needle tip cutter or	6			
				destroyer		-		
				Sharps				
				encapsulation or	1	_		
				concrete pit				
				Deep burial pits:	1			
				Chemical	,			
				disinfection:	1	-		
				Any other treatment				
				equipment:				
	(iii) Quantity of rec	yclable wastes	:	Red Category (like plastic	, glass e	etc.)		
	sold to authorized recy	clers after			-	,		
	treatment in kg per annu	ım.						
	(iv) No of vehicles used	for collection :		-				
	and transportation of	of biomedical						
	waste							
	(v) Details of incinera	I		Quantity	/	Where	;	
_	ETP sludge generated			generate	ed	dispos	ed	
	during the treatment of	wastes in Kg		Incineration				
	per annum			Ash				
	(vi) Name of the C	amman Dia	-	ETP Sludge				
		nent Facility		-				
	Operator through which	•						
	disposed of	wastes are						
	(vii) List of member HC	F not handed	+					
	over bio-medical waste.	- not named		-				
	Do you have bio-me	edical waste	+	Noo			1,208 1 8	
	management committee? If yes, attach			yes		M	CHC	
	minutes of the meetings h	-					Dist	
	the reporting period						Mish	
+	Details trainings conducte	d on BMW	+					
1	(i) Number of trainings c		+	06				
	BMW Management.			00				
	(ii) number of personnel tr						1	

Ficer Property Sarampani Sp. Nainital

	(iii) number of personnel trained at	-	
	the time of induction		15
	(iv) number of personnel no	t	00
	undergone any training so far		00
	(v) whether standard manual for		Vac
	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	1	0
	attach details if any)		ľ
	(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		-
10	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			
11	are distinction method of		Yes
	standards? How many times you have not met the standards in a year?		
12	Any other relevant information		
_	, other relevant information	:	

Certified that the above report is for the period from 01.01.2022 to 31.12.2022

Dr. Satish Pant Medical Officer Inchargeard
CHC BETALGHATi
CHC Garampani
Distt.-Nainital

Date: 13.01.2023 Place: Betalghat