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)]

Particulars		
Particulars of the Occupier	:	
(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Satish Pant
(ii) Name of HCF or CBMWTF	:	CHC Betalghat
(iii) Address for Correspondence	:	PO Betalghat, Nainital
(iv) Address of Facility		CHC Betalghat, PO Betalghat, Nainital
(v)Tel. No, Fax. No	:	05942-241771
(vi) E-mail ID	:	chcbetalghat@gmail.com
(vii) URL of Website		https://chcbetalghatnainital.in
(viii) GPS coordinates of HCF or CBMWTF		29.55, 79.33
(ix) Ownership of HCF or CBMWTF	:	State Government
(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation: Yes No.: BMW/19/01/31 Valid up to: 31.03.2021 Renewal applied, fee deposited in June 2021!
	:	Renewal applied, fee deposited in June 2021!
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		-
Details of CBMWTF	:	-
(i) Number healthcare facilities covered by CBMWTF	:	-
(ii) No of beds covered by CBMWTF	:	-
(iii) Installed treatment and disposal capacity of		Kg per day
	Particulars of the Occupier (i) Name of the authorised 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 Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and Air Act Type of Health Care Facility (i) Bedded Hospital (iii) 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 Details of CBMWTF (i) Number healthcare facilities covered by CBMWTF (ii) No of beds covered by CBMWTF	Particulars of the Occupier:(i) Name of the authorised 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) URL of Website:(vii) URL of Website:(viii) GPS coordinates of HCF or CBMWTF:(ix) Ownership of HCF or CBMWTF:(ix) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules:(xi). Status of Consents under Water Act and Air (i) Bedded Hospital:(ii) Non-bedded hospital:(iii) Non-bedded hospital:(iii) License number and its date of expiry:Details of CBMWTF:(ii) Number healthcare facilities covered by : CBMWTF:(ii) No of beds covered by CBMWTF:

	7	A standent
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	Kg/day Niedical Superintendent
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 23.03 Desilon painital Red Category : 12.85 kg/ month
		White : 0.95 kg/ month

					Blue Ca	tegory :	2.97 kg	g/month
					General	Solid w	aste : 2	70 kg/ mont
5	Details of the Storage,	treatment, trans	sportat	ion, processing	and Dispos	al Facil	ity	
	(i) Details of the	on-site storage	:	Size :		-		
	facility			Capacity :				
				Provision of on-site storage : (c			: (co	ld storage o
				any other pro				
	(ii) Details of the disposal facilities	treatment or	:	Type of tr equipment	eatment	No of unit s	Cap acit y Kg/ day	Quantity treatedo r disposed in kg per annum
				Incinerator Plasma Py Autoclaves Microwave Hydroclave Shredder Needle tip destroyer Sharps encapsulati concrete pir Deep buria Chemical disinfection Any other t equipment:	rolysis e cutter or on or t l pits:	0 6 1 1 1	-	-
-+	(iii) Quantity of recyclable wastes		:	Red Category	(like plasti	c, glass	etc.)	
	sold to authorized recyclars after				-			
	treatment in kg per annum. (iv) No of vehicles used for collection and transportation of biomedical							
1			:			-		
	waste (v) Details of incineration ash and				Quantit	ty	Whe	ere
- 1	ETP sludge generated a				generat	-	disp	

during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge	M
(vi) Name of the Common Bio- : Medical Waste Treatment Facility Operator through which wastes are disposed of		Nedical Superintendent C.H.C. Betalghat Distr-Nainital
(vii) List of member HCF not handed over bio-medical waste.		- Distit

		VAC
6	Do you have bio-medical waste	yes
	management committee? If yes, attach	
	minutes of the meetings held during	
	the reporting period	
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on	06
	BMW Management.	
	(ii) number of personnel trained	26
	(iii) number of personnel trained at	10
	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 01.01.2023 to 31.12.2023

M20.01.2024

Dr. Satish Pant Medical Superintendent CHC BETALOPAT Modical C.H.C. Betaignat C.H.C. Betaignat Distt-Nainital