

**Form - IV**  
(See rule 13)  
**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Satish Pant
	(ii) Name of HCF or CBMWTF	:	C.H.C. Betalghat
	(iii) Address for Correspondence	:	Betalghat P.O. Betalghat
	(iv) Address of Facility	:	Nainital
	(v) Tel. No, Fax. No	:	241771
	(vi) E-mail ID	:	Chc Betalghat @ gmail . com.
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) state
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: .....APPLIED..... .....valid up to .....
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
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

CHC Betalghat  
 Nainital



	(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	$\frac{1}{4}$ Kg/day																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category : 68 kg Red Category : 1.6 kg White: 6.2 kg Blue Category : 1.6 kg General Solid waste: 18 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 other provision)																																																
	(ii) Details of the treatment or 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>Autoclaves</td> <td>1 unit</td> <td></td> <td>55 kg</td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>4 (70 kg)</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></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				Autoclaves	1 unit		55 kg	Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer			4 (70 kg)	Sharps encapsulation or concrete pit				Deep burial pits:			1	Chemical disinfection:				Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. :	Red Category (like plastic, glass etc.) NO																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste :	NO																																																
	(v) Details of incineration ash and ETP sludge generated and disposed :	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed																																														
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	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge	55 kg.
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Dr. Satish Pant M.O.I.C. C.H.C. Betalghat (Nainital)	
	(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		
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		4
	(ii) number of personnel trained		M.O.I.C. / BPM
	(iii) number of personnel trained at the time of induction		All Paramedical staff
	(iv) number of personnel not undergone any training so far		—
	(v) whether standard manual for training is available?		—
	(vi) any other information		—
8	Details of the accident occurred during the year		—
	(i) Number of Accidents occurred		—
	(ii) Number of the persons affected		—
	(iii) Remedial Action taken (Please attach details if any)		—
	(iv) Any Fatality occurred, details.		—
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 methods in place. How many times you have not met the standards in a year?		—
11	Is the disinfection method or sterilization meeting the log 4		—

Medical Officer Incharge  
Community Health Center  
Gopalpur



	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 2018 - 19

10/4/2019

Date:

C.H.C. Betalghat

Place

(Nainital)

Name and Signature of the Head of the Institution

*[Signature]*  
Medical Officer Incharge  
C.H.C. Betalghat  
Garhwal