

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 of the Occupier	OHO NA		
- 1	(i) Name of the authorized	CHC Phiringia		
	nomen / coursing a managed			
	person (occupier or operator	CHC Phiringia		
-	of facility)			
-	(ii) Name of HCF or CBMWTF	CHC Phiringia		
	(iii) Address for			
	Correspondence	At: Phiringia Po: Phiringia Block: Phiringia		
4	Conceptingence	Kandhamal.		
		Block Public Health Officer		
	(iv) Address of Facility	At : Phiringia Po: Phiringia		
		Block: Phiringia		
	() , committee of the country	Dist; kandhamal.		
	WITOL NO Fow No	Pin: 762011		
H	(v)Tel. No, Fax. No	8280913855		
10	(vi) E-mail ID			
\vdash		bpophir@gmail.com		
1 ((vii) URL of Website			
	ix) Ownership of HCF or CBMWTF	Longitude: (E Decimal degrees) (State Government or Private or Semi Gov		
_		any other)		
	x). Status of Authorization	Authoritan N. 10110000		
	nder the Bio-Medical Waste	Authorization No636/SPCB/ date: 16/01/2		
1 '	Management and	valid up to 31-03-2025		
	andling) Rules			
	ki). Status of Consents under			
l M	/ater Act and Air Act	Valid up to: NA		
_				
	pe of Health Care Facility	No. of Beds:30		
	Bedded Hospital			
l (ii)) Non-bedded hospital			
(C	Clinic or Blood Bank or			
C	linical Laboratory or			
Re	esearch Institute or	NA		
	eterinary Hospital or any			
ot	ther)			
) License number and its	•		
(111)				

3.	Details of CBMWTF				- 19	
	(i) Number healthcare facilities covered by CBMWTF					
	(ii) No of beds covered by CBMWTF	30				
	(iii) Installed treatment and disposal capacity of CBMWTF:	10 Kg per day				
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	10 Kg/day				
4.		Yellow Category : 30 Kg per month				
	Quantity of waste generated	Red Category : 30 Kg per Month				
	or disposed in Kg per annum	White: 30 Kg per Month				
	(on monthly average basis)	Blue Cate	Blue Category :60 Kg per Month			
_	D-1 11 611 01	General Solid waste: 150 kg per month				
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site	Size:				
	storage facility disposal	Capacity:				
	facilities:	Provision of on-site storage : (cold storage or any other provision)				
		Type of treatment equipment	No of units	Capacity Kg/ day	Quantity treated or disposed in kg per annum	
		Incinerators	0			
		Plasma Pyrolysis	. 0	E To the		
		Autoclaves	3	1.5 KG		
		Microwave	0		-	
		Hydroclave	0			
		Shredder	0			
		Needle tip cutter or destroyer –	2	300 gm per day		
		Sharps encapsulation or concrete pit –	1	250 gm per day		
		Deep burial pits:	1	5 kg per		

		Chemical 0 disinfection: -						
		Any other treatment 0 equipment:						
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	0						
	(iv) No of vehicles used for collection and transportation of biomedical waste	(The vehicle of District is used for collecting and transport of biomedical waste.)						
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per	0						
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	CHC Phiringia						
	(vii) List of member HCF not handed over bio-medical waste.	0						
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.							
	(ii) number of personnel trained	25						
	(iii) number of personnel trained at the time of induction	25						
	(iv) number of personnel not undergone any training so far	0						
	(v) whether standard manual for training is available?	Yes						
	(vi) any other information)	0						
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?	0
	Details of Continuous online emission monitoring systems installed	0
10.	Liquid waste generated and treatment Methods in place. How many times you have not met the standards in a Year?	0
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	0
12.	Any other relevant information	0

Certified that the above report is for the period from January-2024 to December -2024 information given above is true to the best of my knowledge and belief and that I have not concealed and information.

I do also hereby undertake to provide any further information sought by the prescribed Authority in relation to these rules and to fulfill any conditions stipulated by the prescribed Authority.

Name and Signature of the Head of the Institution

Date:

Place Phinner