

## 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                                                                                                                                  | A second distribution of the second s |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Particulars of the Occupier                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| (i) Name of the authorized person (occupier or operator of facility)                                                                         | Dr Jyotiranjan Jena ,Superintendent ,<br>CHC Tikabali                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| (ii) Name of HCF or CBMWTF                                                                                                                   | CHC Tikabali                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| (iii) Address for<br>Correspondence                                                                                                          | At/Po:- Tikabali<br>Dist:- Kandhamal<br>Pin:-762010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| (iv) Address of Facility                                                                                                                     | At/Po:- Tikabali<br>Dist:- Kandhamal<br>Pin:-762010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| (v)Tel. No, Fax. No                                                                                                                          | 06847-263738                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| (vi) E-mail ID                                                                                                                               | bpotika@gmail.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| (vii) URL of Website                                                                                                                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| (viii) GPS coordinates of HCF or CBMWTF                                                                                                      | Latitude(N-decimal degrees) Longitude(E-decimal degrees)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| (ix) Ownership of HCF or CBMWTF                                                                                                              | State Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| (x). Status of Authorisation<br>under the Bio-Medical Waste<br>(Management and Handling)<br>Rules                                            | Authorisation No: 8595/SPCB dated 21.08.2019<br>/IND-IV-BW-508<br>valid up to : 31.03.2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| (xi). Status of Consents under<br>Water Act and Air Act                                                                                      | Valid up to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Type of Health Care Facility                                                                                                                 | No. of Beds:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                                                                                              | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| (ii) Non-bedded hospital (Clinic<br>or Blood Bank or Clinical<br>Laboratory or Research Institute<br>or Veterinary Hospital or any<br>other) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| (iii) License number and its date of expiry                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                              | Particulars of the Occupier  (i) Name of the authorized 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  (x) 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  (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |

| 3. | Details of CBMWTF                                                   |                                                               | _        | - Legis      |                |
|----|---------------------------------------------------------------------|---------------------------------------------------------------|----------|--------------|----------------|
| 3. | (i) Number healthcare facilities                                    |                                                               |          |              |                |
|    | covered by CBMWTF                                                   |                                                               |          |              |                |
|    | (ii) No of beds covered by                                          |                                                               |          |              |                |
|    | CBMWTF                                                              |                                                               |          |              |                |
|    | (iii) Installed treatment and                                       | Kg per day                                                    |          |              |                |
|    | disposal capacity of CBMWTF:                                        |                                                               | ,        |              |                |
|    | (iv) Quantity of biomedical                                         | Kg/day                                                        |          |              |                |
|    | waste treated or disposed by CBMWTF                                 |                                                               |          |              |                |
| 4. | Quantity of waste generated or                                      | Vellow Category                                               | 25 5 1   | -1           |                |
|    | disposed in Kg per annum (on monthly average basis)                 | Yellow Category : 25.5 kg/month Red Category :48.4 kg / month |          |              |                |
|    |                                                                     | White: 1.34 kg / month                                        |          |              |                |
|    |                                                                     | Blue Category : 36.5 kg / month                               |          |              |                |
|    |                                                                     | General Solid was                                             | ste: 52  | 5 kg / month |                |
| 5. | Details of the Storage,                                             |                                                               | 0.0.02.  | o ng / monu  |                |
|    | treatment, transportation,                                          |                                                               |          |              |                |
|    | processing and Disposal Facility (i) Details of the on-site storage | C: 100 C                                                      |          |              |                |
|    | facility disposal facilities :                                      | Size: 100 sqft<br>Capacity:                                   |          |              |                |
|    | ,                                                                   | Provision of one                                              | ito sto  | rage : /!-!  |                |
|    |                                                                     | Provision of on-s<br>other provision)                         | site Sto | age : (cold  | storage or any |
|    |                                                                     | Type of                                                       | No       | Capacity     | Quantity       |
|    |                                                                     | treatment                                                     | of       | Kg/ day      | treated or     |
|    |                                                                     | equipment                                                     | units    |              | disposed in kg |
|    |                                                                     | Incinerators                                                  |          |              | per annum      |
|    |                                                                     | monerators                                                    | -        |              |                |
|    |                                                                     | Plasma                                                        | -        |              |                |
|    |                                                                     | Pyrolysis                                                     |          |              |                |
|    |                                                                     | Autoclaves                                                    | 01       |              |                |
|    |                                                                     | Missa                                                         |          |              |                |
|    |                                                                     | Microwave                                                     | •        |              |                |
|    |                                                                     | Hydroclave                                                    |          |              |                |
|    |                                                                     |                                                               |          |              |                |
|    |                                                                     | Shredder                                                      |          |              |                |
|    |                                                                     | Needle tip outter                                             | 05       |              |                |
|    |                                                                     | Needle tip cutter<br>or destroyer -                           | 05       |              |                |
|    |                                                                     | o. dooroyer                                                   |          |              |                |
|    |                                                                     | Sharps                                                        | 01       |              |                |
|    |                                                                     | encapsulation or                                              |          |              |                |
|    |                                                                     | concrete pit -                                                |          |              |                |
|    |                                                                     | Daniel Later                                                  |          |              |                |
|    |                                                                     | Deep burial pits:                                             | 06       |              |                |
|    |                                                                     | Chemical                                                      | 04       |              |                |
|    |                                                                     | disinfection: -                                               |          |              |                |
|    |                                                                     |                                                               | -        |              |                |
|    |                                                                     | Any other                                                     |          |              |                |
|    |                                                                     | treatment                                                     |          |              |                |
|    |                                                                     | equipment:                                                    |          |              |                |

|    | Long                                                                                                                                                 |                       |  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|
|    | (iii) Quantity of recyclable<br>wastes sold to authorized<br>recyclers after treatment in kg<br>per annum.                                           |                       |  |
|    | <ul><li>(iv) No of vehicles used for<br/>collection and transportation of<br/>biomedical waste</li></ul>                                             | Collected by District |  |
|    | <ul> <li>(v) Details of incineration ash<br/>and ETP sludge generated and<br/>disposed during the treatment<br/>of wastes in Kg per annum</li> </ul> |                       |  |
|    | (vi) Name of the Common Bio-<br>Medical Waste Treatment<br>Facility Operator through which<br>wastes are disposed of                                 |                       |  |
|    | (vii) List of member HCF not<br>handed over bio-medical waste.                                                                                       |                       |  |
| 6. | Do you have bio-medical waste<br>management committee? If yes,<br>attach minutes of the meetings<br>held during the reporting period                 | Yes                   |  |
| 7. | Details trainings conducted on BI                                                                                                                    | MW                    |  |
|    | (i) Number of trainings conducted BMW Management                                                                                                     | 11                    |  |
|    | (ii) number of personnel trained                                                                                                                     | 12                    |  |
|    | (iii) number of personnel trained at the time of induction                                                                                           | •                     |  |
|    | (iv) number of personnel not<br>undergone any training so far                                                                                        | 0                     |  |
|    | (v) Whether standard manual for training is available?                                                                                               | Yes                   |  |
|    | (vi) any other information)                                                                                                                          |                       |  |
| 8. | Details of the accident occurred during the year                                                                                                     |                       |  |
|    | (i) Number of Accidents occurred                                                                                                                     |                       |  |
|    | (ii) Number of the persons affected                                                                                                                  | 0                     |  |
|    | (iii) Remedial Action taken<br>(Please attach details if any)                                                                                        | NII                   |  |
|    | (iv) Any Fatality occurred, details.                                                                                                                 | Nit                   |  |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?                        | NA                    |  |

|     | 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?                               | Yes |
| 11. | Is the disinfection method or<br>sterilization meeting the log 4<br>standards? How many times<br>you have not met the standards<br>in a year? |     |
| 12. | Any other relevant information                                                                                                                |     |

Certified that the above report is for the period from:

01.01.2019 to 31.12.2019

Name and Signature of the Head of the Institution

Date: 27.05.2020

Place: CHC Tikabali