

From-IV
See Rule -13
Annual Report
(Biomedical Waste Management rule-2016)

[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 bio-medical waste treatment facility CBWTF)]

Sl. No	Particulars		
1	Particulars of the occupiers		
	(i) Name of the authorized person (occupier or operator of facility)		Block Public Health Officer
	(ii) Name of the HCF or CBMWTF		CHC Godibandha
	(iii) Address for Correspondence		
	(iv) Address of Facility		P.O - Radhasarnapur, Taluk
	(v) Tel. No, Fax. No		06760 - 276440
	(vi) E-mail ID		godibandha@gmail.com
	(vii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF		(State Government or Private or Semi Govt. or any other)
	(x) Status of Authorization under the Bio-Medical waste Management and Handling Rules		Authorization No valid up to
2	Type of health Care Facility	No. of beds	6
	(i) Bedded Hospital		
	(ii) Non Bedded Hospital (Clinic or Blood Bank, 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		
	(iv) Quantity of Bio medical waste treated or disposed by CBMWTF	Yearly	Monthly
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	130	Yellow Category 11
		198	Red Category 17
		18	White 1.5
		221	Blue Category 18
		252	General solid Waste 21
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) Disposal Facilities

	Type of treatment equipment	No of units	Capacity Kg / Day	Quantity treated or disposed in Kg per annum
	Incinerators			
	Plasma			
	Pyrolysis			
	Autoclaves			
	Microwave			
	Hyroclave			
	Shredder			
	✓ Needle tip cutter or destroy	3		
	✓ Sharps encapsulation or concrete pit	1		
	✓ Deep burial pits:	3		
	Chemical disinfection:			
	Any other treatment equipments			
	Red Category (Like plastics, glass, etc)			
(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in Kg per annum.				
(iv) No of vehicles used for collection and transportation of bio medical waste				
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum.	Incineration Ash ETP Sludge	Quantity generated	Where disposed	
(vi) Name of the common Bio-Medical Waste Treatment Facility Operator through which				

	wastes are disposed of		
	(vii) List of members 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.		Yes
7	Details training conducted on BVMW		
	(i) Number of training conducted on BMWM Management		01
	(ii) Number of personnel trained		20
	(iii) Number of personnel trained at the time of induction		20
	(iv) Number of personnel not undergone any training so far		-
	(v) Whether standard manual for training is available?		Yes
	(vi) Any other information		-
8	Details of the accident occurred during the year.		Nil
	Number of Accidents occurred		0
	Number of the persons affected		0
	Remedial Action taken (Please attach details if any)		-
	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 standard?		-
	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 standards? How many times you have not met the standards in a year?		-
12	Any others relevant information		Air Pollution Control Devices attached with the Incinerator

Certified that the above report is for the periods from

January, 2017 to December, 2017.

Place

Dr. Gadeshwar Sahoo

Name and Signature of the Head of the Institution

Block Public Health Officer
CHC Godibandha, Dist.: Angul

Date: 28.6.2018

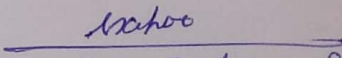
Place: CHC Godibandha

FORM -1
[(See rule 4 (o), 5(i) and 15 (2))]
ACCIDENT REPORTING
(Biomedical Waste Management rule-2016)

1. Date and Time accident : NIL
2. Type of Accident -
3. Sequence of events leading to accident: -
4. Has the Authority been informed immediately: -
5. The type of waste involved in accident -
6. Assessment of the effects of the accidents on human health and environment: -
7. Emergency measure taken: -
8. Steps taken to alleviate the effects of accident: -
9. Steps taken to prevent the recurrence of such an accident: -
10. Does your facility has an Emergency Control police? If yes give details -

Date: 28/6/2018

Place: CHC Godilbandhe

Signature: 
Dr Rudra Prasad Potho

Designation MO/CHC Godilbandhe