

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)]

SI. No.	Particulars		
1.	Particulars of the Occupier		
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. SIBA PRASAD MOHARAN DMOCMS) Cum Superintendent
	(ii) Name of HCF or CBMWTF	:	D.H.H. Malkangini
	(iii) Address for Correspondence	:	MV-3 Main Road
	(iv) Address of Facility		Murz, Main Road Malkangin
	(v)Tel. No, Fax. No	:	06861-230277
	(vi) E-mail ID	:,	dhhmkg 10 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)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation - Jas No.: 7095/SPCB/Authorization/ BMW valid up to 31-3-202
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	Gort. HOSPITALS
	(i) Bedded Hospital	:	No. of Beds: 200
	(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		
7	Details of CBMWTF	:	NAT VET/CAREE
3.	(i) Number healthcare facilities covered by CBMWTF	_	NOT YETSTARTED
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg per day

	(iv) Quantity of biomedical waste treate by CBMWTF	ed or	disposed	:	***************************************	Kg/day	and an extending to	Property of the second
4.	Quantity of waste generated or disposannum (on monthly average basis)	sed in	Kg per	·	Red Ca White: Blue Ca	Category ategory I Solid v	: 83 14. 92	: 13206 Kg 398 Kg 5 Kg. 371 Kg. 32379 Kg
5	Details of the Storage, treatment, transp	ortati	on, proces	sing a	nd Dispo	sal Faci	lity	3.1.1.7
	(i) Details of the on-site storage	:	Size	:				
	facility		Capacit	y :				
				n of	on-site :	storage	: (co	ld storage or
	(ii) Details of the treatment or	:			itment	No	Cap	Quantity
	disposal facilities	,	equip			of	acit	treatedo
						unit	У	r
1						S	Kg/	disposed
1							day	in kg
								per
			Uncine			1		annum
			Plasm			_		
		١,	Autoc			_		
			Micro		•	•		
			Hydro	clave				
			Shrede		- 1.			1
			Needle		itter or	18		
			destroy	•	-			
			Sharps encaps					
			concre		- 4	ć	-	
		(Deep b	-	oits: -	6		
		4	Chemi	cal	_	1		
		- 1	disinfe		_	1.	-	
		1	Any ot		atment			
	(iii) Oversity of page-lable wastes	.	equipm Pad Cata		ilea mlanti	a alasa		
	(iii) Quantity of recyclable wastes sold to authorized recyclers after	:	Red Categ			c, giass o	etc.)	
	treatment in kg per annum.		8	3399	کها ج			
		:						
	and transportation of biomedical		1	-				
	waste							
	(v) Details of incineration ash and				Quantit	-	When	
	ETP sludge generated and disposed		****	Description to the last	generat	cd	dispos	ied

	I was the treatment of poster in Va		ncineration
1	during the treatment of wastes in Kg	1	Ash
- 1	per annum	1	ETP Sludge
1		-	ETF Studge
1	(vi) Name of the Common Bio- :	,	TOBRA ROAD, CUTTACK.
- 1	Medical Waste Treatment Facility	15	TOBRA ROAD, CUTTACK.
- 1	Operator through which wastes are		
	disposed of		
	(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		
1	the reporting period		
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on		1.6
	BMW Management.		
	(ii) number of personnel trained		285
	(iii) number of personnel trained at		39
	the time of induction		
	(iv) number of personnel not		59
	undergone any training so far		
	(v) whether standard manual for		yes
	training is available?	company to the contract of	7-3
	(vi) any other information)		
8	Details of the accident occurred		13 400.
	during the year		
	(i) Number of Accidents occurred		12 Not
	(ii) Number of the persons affected		-N:1·
	(iii) Remedial Action taken (Please		
1	attach details if any)		
	(iv) Any Fatality occurred, details.		
-	the standards of all		
9	Pollution from the incinerator? How		N A
	many times in last year could not met		NA
	the standards?		
-	Details of Continuous online emission	1	NA
	monitoring systems installed	1	
_	monitoring systems instanted Liquid waste generated and treatment	1	
1	methods in place. How many times		
	methods in place. How many thine		
-	you have not met the standards in a		
1	year?	-	
1	I Is the dismeeting	1	
1	sterilization meeting the log 4		1

1 1	standards? How many times you have not met the standards in a year? Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from	12.2021
	Name and Signature of the Head of the Institution
	Name and Signature of the Head of the Institution

Date: 5.1-22.
Place Malkangèri