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)]

Sr. No	Particulars		
1.	Particulars of the Occupier	:	CHC Parjang
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Smrutiranjan Biswal.
	(ii) Name of HCF or CBMWTF		CHC
	(iii) Address for Correspondence	:	CHC Parjang, Po.- Parjang
	(iv) Address of Facility		-do-
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	bpmuchcparjang@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 No.: ....23157.................... ....valid up to 31.03.2027
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	CHC Parjang
	(i) Bedded Hospital	:	No. of Beds: ..... 30 Nos
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry		NA
3.	Details of CBMWTF	:	-

	(i) Number healthcare facilities covered by CBMWTF	:	01
	(ii) Number healthcare facilities covered by CBMWTF	:	01
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 128 Kg (app) Red Category : 147. Kg (appx) White: 18.4 Kg (appx) Blue Category : 85 Kg appx General Solid waste:
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	:	Size : 6x6 ft. 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 Hydroclave Shredder Needle tip cutter or destroyer 06 Sharps encapsulation or concrete pit Deep burial pits: 03 Chemical Disinfection: Hydrochloride soln Any other treatment equipment:

	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	One
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated / Where disposed Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility 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 the reporting period		Yes
7.	Details trainings conducted on BMW		03
	(i) Number of trainings conducted on BMW Management.		68
	(ii) number of personnel trained		68
	(iii) number of personnel trained at the time of induction		02
	(iv) number of personnel not undergone any training so far		Yes
	(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		Nil
	(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?		Nil
	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 sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Nil
12.	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

January 01.01.2022 to December 31.12.2022

Date: 01.06.2023

Place CHC Parjang.

Name and Signature of the Head of the Institution
Medical Officer-in-Charge
C.H.C. Parjang,
Dhenkanal