

Sl. No.	Particulars		
1	Particulars of the Occupier	:	MOIC, CHC ANGARA
	(i) Name of the authorized person (occupier or : operator of facility)	:	MOIC, CHC ANGARA
	(ii) Name of HCF or CBMWTF	:	MEDICARE LDHARDAGA
	(iii) Address for Correspondence	:	CHC ANGARA, GONDLI POKHAR
	(iv) Address of Facility	:	ANGARA, RANCHI
	(v) Tel. No, Fax. No	:	PIN - 835103
	(vi) E-mail ID	:	chcangara@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) PRIVATE
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: Valid upto:
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto:
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: <u>30</u>
	(ii) Non-bedded hospital	:	
	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 of health care facilities covered by CBMWTF	:	
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	_____ Kg / day
	(iv) Quantity of bio medical 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: 25 Kg / MONTH Red Category: 580 gm / Day (17 Kg / Month) White: 820 gm / day (14 Kg / Month) Blue Category: 690 gm / day (20 Kg / Month) General Solid Waste: 10 Kg / Month
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage	:	Size: BMW ROOM

facility		Capacity: Provision of on-site storage : (Cold storage or any other provision) BMW ROOM			
(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		520 gm	
		Sharps			
		Encapsulation or concrete pit	BMW ROOM		
		Deep burial pits	1	BMW ROOM	
		Chemical disinfection:			
		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.) 320 gm/day		
(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:			
(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		MEDICARE ENVIRONMENTAL MANAGEMENT PVT. LTD. LO HARDAGA, JHARKHAND		
(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	
	(i) Number of trainings conducted on BMW Management	2 (31.8.19 AND 20.3.2020)
	(ii) Number of personnel trained	48 (ANHS)
	(iii) Number of personnel trained at the time of induction	
	(iv) Number of personnel not undergone any training so far	
	(v) Whether standard manual for training is available?	
8	Details of the accident occurred during the year	NO
	(i) Number of Accidents occurred	
	(ii) Number of 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?	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?	
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 other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

01.01.2019 TO 31.12.19

DR. AMRENDRA PRASAD (MOIC)

Name and Signature of the Head of the Institution

राजकीय चिकित्सा पदाधिकारी

प्राथमिक स्वास्थ्य केंद्र

शुभमनगर, राँची

28/5/2020

Date: 28.5.2020

Place: ANGARA