

Form - IV
ANNUAL REPORT

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr MSHIR KUMAR
	(ii) Name of HCF or CBMWTF	:	CHC HIRANPUR
	(iii) Address for Correspondence	:	HIRANPUR PAKUR
	(iv) Address of Facility	:	HIRANPUR PAKUR
	(v) Tel. No, Fax. No	:	—
	(vi) E-mail ID	:	bpmshiranpur@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.:valid up to
(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/03/2020	
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:.....06
	(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	:	
3.	Details of CBMWTF	:	NA
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(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 270 Kg / Month
		:	Red Category : 210 Kg / Month
		:	White: 30 Kg / Month
		:	Blue Category : 24 Kg / Month
		:	General Solid waste: 534 / Kg month
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	Size :	62.5 Feet Sq. mtr
		Capacity :	375 Cubic Feet
Provision of on-site storage : (cold storage or any other provision)		:	

disposal facilities		Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
(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	:				
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Quantity generated	Where disposed	
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	Incineration Ash ETP Sludge			
(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.			04		
(ii) number of personnel trained			10		
(iii) number of personnel trained at the time of induction			10		
(iv) number of personnel not 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			NIL		

	(i) Number of Accidents occurred		NIL
	(ii) Number of the persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NIL
	(iv) Any Fatality occurred, details		NIL
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		-
	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 31.12.2019

Date: 20/05/2020
Place: Hiranpur

Name and Signature of the
I/C Medical Officer
Community Health Centre
Hiranpur (Pakur)
20.5.2020