

| Sl. No. | Particulars | |
|---------|---|---|
| 1. | Particulars of the Occupier | : MOIC CHC KANKE |
| | (i) Name of the authorised person (occupier or operator of facility) | : Dr. Sahid Karim Jabri (MOIC) |
| | (ii) Name of HCF or CBMWTF | : Medicare Lohardaga |
| | (iii) Address for Correspondence | : CHC Kanke |
| | (iv) Address of Facility | : near Rinpasa Kanke ^{chaite} thone. |
| | (v) Tel. No, Fax. No | : 0651-834006 |
| | (vi) E-mail ID | : phc.kanke@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: |
| 2. | Type of Health Care Facility | : |
| | (i) Bedded Hospital | : No. of Beds: 30 |
| | (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 | : |
| | (i) Number healthcare facilities covered by CBMWTF | : |
| | (ii) No of beds covered by CBMWTF | : |
| | (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 : 131.50 kg (11.2.20 to 27.5.20) Red Category : 25 kg (11.2.20 to 27.5.20) White: Nil Blue Category : 4 kg (11.2.20 to 27.5.20) General Solid waste: Nil |
| 5. | Details of the Storage, treatment, transportation, processing and Disposal Facility | |
| | (i) Details of the on-site storage facility | : Size : as per the State name Capacity : Provision of on-site storage : (cold storage or any other provision) |

उभारी चिकित्सा पदाधिकारी
सामुदायिक स्वा० केन्द्र
काँके

| 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 <input checked="" type="checkbox"/> Needle tip cutter or destroyer <input checked="" type="checkbox"/> Sharps encapsulation or concrete pit Deep burial pits: → 1 pit Chemical disinfection: Any other treatment equipment: | | | 1000gm/day |
| (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 | |
| | | Incineration Ash ETP Sludge | | |
| (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of | : | Medicare Lohardaga | | |
| (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 NO (on process) | | |
| 7 Details trainings conducted on BMW | | | | |
| (i) Number of trainings conducted on BMW Management. | | 01 | | |
| (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 | | 12 | | |
| (v) whether standard manual for training is available? | | No | | |
| (vi) any other information | | Non | | |
| 8 Details of the accident occurred during the year | | Nil | | |

प्रभारी चिकित्सा पदाधिकारी
 सामुदायिक स्वास्थ्य केन्द्र
 काँके

| | | | |
|-----|---|---|---|
| | (i) Number of Accidents occurred | | Nil |
| | (ii) Number of the persons affected | | Nil |
| | (iii) Remedial Action taken (Please attach details if any) | | - |
| | (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? | | 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? | | |
| 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) INCINERATOR NOT AVAILABLE IN HOSPITAL |

Certified that the above report is for the period from 11/2/2020 to 27/5/2020

Date: 27/5/2020
Place: KANKE

Name and Signature of the Head of the Institution

प्रभारी चिकित्सा पदाधिकारी
सामुदायिक स्वास्थ्य केन्द्र
काँके