
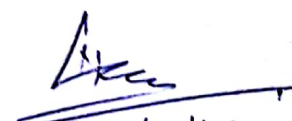


6	disposal facilities		Type of treatment equipment  Incinerators Plasma Pyrolysis Autoclaves Microwave Hydroclave Shredder Needle tip cutter or destroyer Sharps encapsulation or concrete pit Deep burial pits: Chemical disinfection: Any other treatment equipment:	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
				1	-500gm	180kg
				1	-1kg	360kg
	(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		Incineration Ash ETP Sludge	Quantity generated		Where disposed
				- NA -		
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:				- NA
	(vii) List of member HCF not handed over bio-medical waste.					- NA
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period					NO
7	Details trainings conducted on BMW					NO
	(i) Number of trainings conducted on BMW Management.					NO
	(ii) number of personnel trained					NO
	(iii) number of personnel trained at the time of induction					NO
	(iv) number of personnel not undergone any training so far					NO
	(v) whether standard manual for training is available?					NO
	(vi) any other information)					
8	Details of the accident occurred during the year					Not Recorded

  
 24/6/19

Sl. No.	Particulars	
1	Particulars of the Occupier	Dr. Ambika Pd. Mandal (cs)
	(i) Name of the authorised person (occupier or operator of facility)	Dr. Md. Nawab (MOIC)
	(ii) Name of HCF or CBMWTF	- NA -
	(iii) Address for Correspondence	Kasmar
	(iv) Address of Facility	CHC Kasmar, Bokaro
	(v) Tel. No, Fax No	-
	(vi) E-mail ID	chckasmar@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) State govt
	(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	CHC
	(i) Bedded Hospital	No. of Beds: 6
	(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	-
	(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 : 360 kg
		Red Category : 720 kg
		White: -
		Blue Category : 360 kg
		General Solid waste: 900 kg
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility	Size : - NA -
		Capacity :
	Provision of on-site storage (cold storage or any other provision)	

  
 24/4/19

	(i) Number of Accidents occurred		-
	(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?		No
	Details of Continuous online emission monitoring systems installed		- NA -
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Not Recorded
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Not Recorded
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

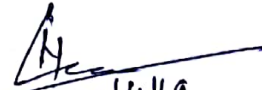
Certified that the above report is for the period from

01/4/18 to 31/3/19

Date:

Place

Name and Signature of the Head of the Institution

  
 प्रभारी चिकित्सा परियोजना  
 सामुदायिक स्वास्थ्य केंद्र  
 कसमार (बोकारो)