

FORM IV: ANNUAL REPORT

S. No.	Particulars		
1	Particulars of Occupier	District Hospital Bijapur C.G	
	I. Name of Authorized Person (Occupier or Operator)	Dr. T. R Kunwar (Civil Surgeon Cum Chief Hospital Superintendent)	
	II. Name of HCF or CBWTF	District Hospital Bijapur C.G	
	III. Address for Correspondence	District -bijapur ,Post -Bijapur ,pin code - 494444 State - C.G	
	IV. Address of Facility	District -bijapur ,Post -Bijapur ,pin code - 494444 State - C.G	
	VI. E mail ID	csbijapur20@gmail.com	
	VII. URL of Website	www.dhbjapurcg.in	
	VIII. GPS coordinates of HCF or CBWTF		
	VIII. GPS coordinates of HCF or CBWTF		
	IX. Ownership of HCF or CBWTF	State Government	
	X. Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	Authorization Number 96/HO/BMW/CECB Valid Up to : 30/06/2019	
XI. Status of Consents under Water Act and Air Act	Valid Up to : Not Apply		
2	Type of Health Care Facility		
	I. Bedded Hospital	No. of Beds: 150	
	II. Non-bedded health care facility (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	Blood bank , laboratory, and Operation Theatre	
	III. License number and its date of Expiry	96/HO/BMW/CECB/Valid Up to : 30/06/2019	
3	Details of CBWTF		
	I. Number healthcare facilities covered by CBWTF		
	II. No of beds covered by CBWTF		
	III. Installed treatment and disposal capacity of CBWTFkg/day	
4	IV. Quantity of biomedical waste treated or disposed by CBWTF kg/day	
	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Category	Quantity(kg/annum)
		Yellow	812.76
		Red	865.6
		Blue	799.32
	White	294.39	
	General Solid Waste		

Details of the Storage, treatment, transportation, processing and Disposal Facility					
5	I. Details of On Site Storage	Size:			
		Capacity:			
		Provision for Onsite Storage (Cold Storage or any other provisions):			
	II. Details of Onsite Disposal Facility	Type of Treatment Equipment	No. of Units	Capacity kg/day	Quantity Treated or
		Incinerators			
		Plasma Pyrolysis			
		Autoclaves	2	25x45	
		Microwave			
		Hydroclave			
		Shredder	1		
		Needle tip cutter or destroyer	25		
		Sharps encapsulation or concrete pit	2	5x5 depth 10 fit	
		Deep Burial Pits	1	3.5x3.5 depth 7 fit	
		Chemical Disinfection			
		Any other equipment used for treatment	1	Hypogermishied Equipment For laboratory chemical Liquid Treatment System Machine	
III. Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per	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		Quantity generate	Where disposed		
	Incineration				
	Ash				
	ETP Sludge				
VI. Name of the Common Bio- Medical Waste Treatment Facility Operator through which					
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	Yes			
		Yes Conduct			
	Details of Training conducted on BMW				
	I. Number of trainings conducted on BMW Management	10			
	II. number of personnel trained	110			
7	III. number of personnel trained at the time of induction	95			
	IV. number of personnel not undergone any training so far				
	V. Whether standard manual for training is available?	Yes available			
	VI. Any other Information				

		No			
8	Details of Accident Occurred				
	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 Details of Continuous online emission monitoring systems installed	1			
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	1 Treatment Method (only laboratory liquid Chemical west)			
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Autoclaving . Chemical treatment (using Chlorine solution)			
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)			

Certified that above report is for the period from 2018-2019

Name and Signature of Head of Institution
 सिविल सजन सह मुख् अस्य.३
 जिला चिकित्सालय बांजापुर (छ.ग.)

Date

Place