

Form - IV
(See rule 13)

ANNUAL REPORT

to be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBMWTF)

Sl No	Particulars	
1	Particulars of the Occupier	
	(i) Name of the authorized person (occupier or operator of facility)	Dr. Rehini Lenman Datta
	(ii) Name of HCF or CBMWTF	Umtraai Phc
	(iii) Address for Correspondence	No :- Umtrapek
	(iv) Address of Facility	Umtraai Phc
	(v) Tel. No, Fax No	
	(vi) E-mail ID	Umtraai Phc.04@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) Karuna Trust
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation No. No. - MPCB/BMW-4/2019 - 2020/84 valid up to 31 st October 2021
(xi) Status of Consents under Water Act and Air Act	Valid up to -	
2	Type of Health Care Facility	Primary health care
	(i) Bedded Hospital	No. of Beds 10 Nos.
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	NO
	(iii) License number and its date of expiry	NO
3	Details of CBMWTF	NO
	(i) Number health care 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 4.44 kg
		Red Category 4.80 kg
		White } 3.60 kg
		Blue Category }
		General Solid waste 7.20 kg
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility	Size 4 x 4 ft
		Capacity Adequate
		Provision of on site storage (cold storage or any other provision) Normal protected storage.

disposal facilities		Type of treatment equipment	No. of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
		Incinerators	-	-	-
		Plasma Pyrolysis	-	-	-
		Autoclaves	01	250gm.	90 kg
		Microwave	-	-	-
		Hydroclave	-	-	-
		Streckler	-	-	-
		Needle tip cutter or destroyer	02	-	All used needle
		Sharps incineration or concrete pit	-	-	-
		Deep burial pits	01	5kg	2800kg
		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)			Not done
(iv) No of vehicles used for collection and transportation of biomedical waste					NO
(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	NO		-
		ETP Sludge	NO		-
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Bleaching powder softw/ Sodium hypochlorite softw			
(vii) List of member HCF not handed over bio-medical waste.		N/A			
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		1			
(ii) number of personnel trained		2			
(iii) number of personnel trained at the time of induction		-			
(iv) number of personnel not undergone any training so far		4			
(v) whether standard manual for training is available?		NO			
(vi) any other information)		-			
8 Details of the accident occurred during the year		-			

	(i) Number of Accidents occurred		NO
	(ii) Number of the persons affected		NO
	(iii) Remedial Action taken (Please attach details if any)		NO
	(iv) Any Fatality occurred, details.		NO
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		NO
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		NO
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NO
12.	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)	NO

Certified that the above report is for the period from 01-01-2019 to 01-12

Date :- 13-7-2020
Place :- Umrhais

R.K. Puri
Name and Signature of the Head of the Institute
(Dr. R.K. Puri)

Medical Officer Incharge
Umrhais PHC (Karnal District)
RiBhol, Mayapalaya