

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 (CBWTF)]

Sl No.	Particulars	
1.	Particulars of the Occupier	:
	(i) Name of the authorised person (occupier or operator of facility)	:
	(ii) Name of HCF or CBMWTF	: PYNTHOR SUB-CENTER
	(iii) Address for Correspondence	: PYNTHOR
	(iv) Address of Facility	: PYNTHOR VILLAGE
	(v) Tel. No., Fax. No.	: 7628012540
	(vi) Email Id	:
	(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 (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	: SUB-CENTER
	(i) Bedded Hospital	: No. Of Beds:.....0.....
	(ii) Non-bedded hospital	: NON-BEDDED
	(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	: 0
	(iii) Installed treatment and disposal capacity of CBMWTF	: Kg/day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	: 1 Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	: Yellow Category: 3 kg / year Red Category: 7 kg / year White: 5 kg / year Blue Category: 10 kg / year General Solid waste: 6 kg / year.
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the on-site storage facility	: Size: Capacity: Provision of on-site storage: (cold storage or any other provision)

(ii) Disposal facilities	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No, of units</th> <th>Capacity Kg/day</th> <th>Quantity Treated or disposed in Kg/annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td>- 0</td><td></td><td></td></tr> <tr><td>Plasma</td><td>- 0</td><td></td><td></td></tr> <tr><td>Pyrolysis</td><td>- 0</td><td></td><td></td></tr> <tr><td>Autoclaves</td><td>- 0</td><td></td><td></td></tr> <tr><td>Microwave</td><td>- 0</td><td></td><td></td></tr> <tr><td>Hydroclave</td><td>- 0</td><td></td><td></td></tr> <tr><td>Shredder</td><td>- 0</td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td>- 1 unit</td><td></td><td></td></tr> <tr><td>Sharps Encapsulation or concrete pit</td><td>0</td><td></td><td></td></tr> <tr><td>Deep burial pits:</td><td>0</td><td></td><td></td></tr> <tr><td>Chemical disinfection:</td><td>0</td><td></td><td></td></tr> <tr><td>Any other treatment equipment:</td><td>sterilizer</td><td></td><td></td></tr> </tbody> </table>	Type of treatment equipment	No, of units	Capacity Kg/day	Quantity Treated or disposed in Kg/annum	Incinerators	- 0			Plasma	- 0			Pyrolysis	- 0			Autoclaves	- 0			Microwave	- 0			Hydroclave	- 0			Shredder	- 0			Needle tip cutter or destroyer	- 1 unit			Sharps Encapsulation or concrete pit	0			Deep burial pits:	0			Chemical disinfection:	0			Any other treatment equipment:	sterilizer		
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(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg/annum	: Red category (like plastic, glass etc.) 7 kg / annum																																																				
(iv) No. Of vehicles used for collection and transportation of biomedical waste	: Nil																																																				
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg/annum	<table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td>-</td> <td>-</td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash	-	-	ETP Sludge																																													
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(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:																																																				
(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	No																																																				
7. Details trainings conducted on BMW																																																					
(i) Number of trainings conducted on BMW Management.	Nil																																																				
(ii) Number of personnel trained	Nil																																																				
(iii) Number of personnel trained at the time of induction	Nil																																																				
(iv) Number of personnel not undergone any training so far	Nil																																																				
(v) Whether standard manual for training is available?	Nil																																																				
8. Details of the accident occurred during the year																																																					
(i) Number of Accidents occurred	0																																																				
(ii) Number of the person affected	0																																																				

	(iii) Remedial Action taken (please attach details if any)	-
	(iv) Any facility 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?	-
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

January 2020 - March 2021

D. Supti
Name and Signature of the Head of Institution

Medical & Health Officer
Bhojpur District
Kathmandu

Date : 07/05/2021
Place : Pynthor s/c