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)]

| SI. | raiticulars | | | | | |
|-----|--|------|---|--|--|--|
| 1 | Particulars of the Occupier | : | | | | |
| | (i) Name of the authorized person (occupier or : operator of facility) | 7 | DR-R-L JOHKHLET | | | |
| | (ii) Name of HCF or CBMWTF | 1 | KURNEM PLK | | | |
| | (iii) Address for Correspondence | 10 | KYRDEM PHC KYRDEM, RI-BHOI DISTRICT | | | |
| | (iv) Address of Facility | 1 | KYRDEM, RI-BHOI DISTRICT | | | |
| | (v)Tel. No, Fax. No | 1 | I THE TANK SHOT STREET | | | |
| | (vi) E-mail ID | 1 | | | | |
| | (vii) URL of Website | 1 | | | | |
| | (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 Authorization under the Bio- Medical Waste (Management and Handling) Rules | : | Authorisation No.: ND. MPC & JR.MW - 4 2018 - 2019 145 Valid upto: 315t October 2 | | | |
| | (xi). Status of Consents under Water Act and Air Act | | Valid upto: | | | |
| | Type of Health Care Facility | : | PRIMARY HEALTH CENTRE | | | |
| | (i) Bedded Hospital | : | No. of Beds: 10 | | | |
| | (ii) Non-bedded hospital Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | | | | |
| | (iii) License number and its date of expiry | : | | | | |
| | Details of CBMWTF | : | | | | |
| | (i) Number of health care facilities covered by CBMWTF | : | | | | |
| | (ii) No. of Beds covered by CBMWTF | - | | | | |
| | (iii) Installed treatment and disposal capacity of CBMWTF; | 1 | Kg / day | | | |
| | (iv) Quantity of bio medical waste treated or disposed by CBMWTF | | Kg / day | | | |
| | Quantity of waste generated or disposed in Kg per Annum (on monthly average basis) | | Yellow Category: 13.85 kg/morths Red Category: 7.8 kg/morths White: 1.84 kg/morths Blue Category: 5.93 kg/morths | | | |
| 1. | Details of the Storage Transport Trans | OH 6 | General Solid Waste: — V | | | |
| | tetails of the Storage, Treatment, Transportation, Processing and Disposal Facility | | | | | |
| | (i) Details of the on-site storage | 1 | Size: | | | |

| | | facility | | Capacity: | | | | |
|---|--------------------------|---|---|---|--|--------------------|--|--|
| | (ii) Disposal facilities | | | Provision of on-site storage: (Cold storage or any other provision) | | | | |
| | (11) | Disposal facilities | | Type of treatment equipment | No of Units | Capacity Kg/day | Quantity Treatedor disposed in kg per annum | |
| | | | | Incinerators | 0 | Ng/ day | annum | |
| | | | | Plasma Pyrolysis | 0 | | | |
| | | | | Autoclaves | 0 | | | |
| | | | | Microwave | 0 | | | |
| | | | | Hydroclave | 0 | | | |
| | | | | Shredder | 0 | 1000 | | |
| | | | | Needle tip cutter or | 4 | | | |
| | | | | destroyer | 4 | | | |
| | | | | Sharps | 1 | - | | |
| | | | | Encapsulation or concrete pit | 0 | | | |
| | | | | Deep burial pits | 1 | | | |
| | | | | Chemical disinfection: | 0. | | | |
| | | | | Any other treatment equipment: | 0. | | | |
| | (iii) | Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum | : | Red Category | Category (like plastic, glass, etc.) 8 Kgfmonth | | etc.) | |
| 7 | (iv) | No. of Vehicles used for collection and transportation of biomedical waste | : | - | | | | |
| | (v) | Details of incineration ash and ETP sludge generated and | | | Quan | tity rated | Where disposed | |
| | 12 | disposed during the treatment of wastes in Kg per annum | | Incineration | | | | |
| | Har my | | | Ash | | | | |
| | 488 | | | ETP Sludge | | | | |
| | (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. | | | | | | |
| | managem | nent committee? If yes, attach of the meetings held during the | | | | | | |

| | (i) Number of | |
|----|--|---|
| | The state of the s | |
| _ | on BMW Management (ii) Number of Management | |
| | (ii) Number of personnel trained | - |
| | | 1 |
| - | | 1 |
| | Number of personnel | |
| - | andergone any training | |
| | Standard man, 15 | 3 |
| | | |
| | Details of the accident occurred during the year | |
| - | | |
| - | (i) Number of Accidents occurred | 0 |
| - | Number of persons affected | 0 |
| | (III) Kemedial Action taken (Please | 0 |
| | attach details if any) | |
|) | Totality Occurred details | 0 |
| | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | |
| | 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? | SOAK PIT |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | YES. |
| 12 | Any other relevant information | (Air Pollution Control Devices attached with the Incinerator) |

| certained that the above report is for the period from | |
|--|--|
| | |
| JAN - 2020 - 2020 DECEMBER | |
| | |
| | |

Name and Signature of the Hend of the Institution
Senior Medical & Headth Officer

Date: 5/4/2021 Place: Kyndem PHC, Ri-Bhsi District.