Lorm - IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30]. 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 (CBW 1F)]

SI	Particulars			
No.	The state of the s		Land Affector VC	
T.	Particulars of the Occupier	-	Medical Officer 1/c	
1	(i) Name of the authorised person (occupier or		Dr. Purusottam Mahanta	
	operator of facility)		Delan	
-	(ii) Name of HCF or CBMW11	1	CHC Palma	
	(in) Address for Correspondence	,	Patna, Keonihar	
	(iv) Address of Facility		CHC Patma, Keonihar	
	(v)Tel. No. Fax. No	:	9439987826	
	(vi) E-mail ID		bpmuz-Patna@gmall.com	
	(vii) URL of Website			
	(viii) GPS coordinates of HCF or CBMWTF		Disate or	
	(ix) Ownership of HCF or CBMWTF		(State Government or Private or	
	(iii) Ownersing to Tee Tee Commen		Semi Govt. or any other)	
	(x). Status of Authorisation under the Bio-Medical	:		
	Waste (Management and Handling) Rules		14518/SPCB Authoroxation	
			valid up to 31:03:18	
	(xi). Status of Consents under Water Act and Air	1	Valid up to:	
	Acı			
2.	Type of Health Care Facility	1		
	(i) Bedded Hospital	:	No. of Beds:16	
	(ii) Non-bedded hospital	1:		
			NA.	
	(Clinic or Blood Bank or Clinical Laboratory or			
	Research Institute or Veterinary Hospital or any			
	other)	-		
Department and	(iii) License number and its date of expiry	ļ	NA	
3.	Details of CBMWTF	:		
-	(i) Number healthcare facilities covered by	-		
-	CRMWTF	 		
	(ii) No of beds covered by CBMWTF	:		
-	(iii) Installed treatment and disposal capacity of		Kg per day	
	CDANVIE	1	and the second s	
-	(iv) Quantity of biomedical waste treated or disposed	:	Kg/day	
	by CBMWTF			
4.	4. Quantity of waste generated or dispused in Kg per annum (on monthly average basis)		Yellow Category : 20 Kg	
			Red Category 65 Kg	
			White: 2 Kg	
			Blue Category: 25 Kg	
			General Solid waste: GO Kg	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility			
	(i) Details of the on-site storage : Size	;	120 59 11	
	facility	city:	500 Kg	
	Provi	sion o	of on-site storage : (cold storage of	
			provision)	

disposal facilities	Type of treatment No Cap Quantity
	equipment of acit treatedo
	unit y r
	s Kg/ disposed
	day in kg
	per
	annum
	Incinerators X
	Plasina Pyrolysis X
	Mitoclaves - 1 03 109.5
	Microwave X
	Hydroclave X
	Shredder X
	Needle tip cutter or _ 4 C1 36.5 destroyer
	destroyer
T and the second	Sharps 1 1-2 438
Table State of the	encapsulation or -
	concrete pit
	Deep burial pits: 3 1 365
	Chemical 3 7 3555
	disinfection. 3 3 3 2555
	Any other treatment
	equipment.
(iii) Quantity of recyclable wastes	Red Category (like plastic, glass etc.)
sold to authorized recyclers after	,
treatment in kg per annum.	
(iv) No of vehicles used for collection	:
and transportation of biomedical	
waste	
(v) Details of incineration ash and	Quantity Where
ETP sludge generated and disposed	generated disposed
during the treatment of wastes in Kg	Incineration
per annum	Ash ETD Studen
(vi) Name of the Common Bio-	ETP Sludge
Medical Waste Freatment Facility	(Medial darkehne, cornes)
Operator through which wastes are	(Mediald Markeling Gernos)
disposed of	IRC Village Nagrepath BACR
(vii) List of member LICL not handed	I will will colored with
over bio-medical waste	N A
Do you have bio-medical waste	
management committee? If yes, attach	
minutes of the meetings held during	Yes
the reporting period	
Details trainings conducted on BMW	
(i) Number of trainings conducted on	

	(ii) number of personnel trained	32
	(iii) number of personnel trained at	The state of the s
	the time of induction	32
	(iv) number of personnel not undergone any training so far	0
	(v) whether standard manual for training is available?	Yes
	(vi) any other Information)	
8	Details of the accident occurred during the year	regregation by profession country of the nature and different and another garden in the grant of the grant and grant
	(i) Number of Accidents occurred	The state of the s
	(ii) Number of the persons affected	3
	(iii) Remedial Action taken (Please attach details if any)	Treadment . 3 With TT & Hep B Inj.
	(iv) Any Fatality occurred, details.	opposition (see the description of the description
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	NA
	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?	Yes
	A CONTRACTOR OF THE PROPERTY O	Yes
17	The state of the s	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from	1ct January 2017 to 31st
	101 January 2017 to 31st December 2017
	mahanli 38/6/2018
	Name and Signature of the Head of the Institution Dr Puruso Ham Mahanka
	n. I m accoulant to selectionita

Date: 28.06.2018
Place CHC Payma

DE PURUSOTTAMA MAHANTA MO LC, CHC PATNA

FORM ~V