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. No.	Particulars				
1	Particulars of the Occupier	:			
	(i) Name of the authorized person (occupier	:	Medical officer 1/c		
	or : operator of facility)		Dr. Subhendu Szegar Kumzer Ntagau		
	(ii) Name of HCF or CBMWTF	:	CHIC Prefma.		
	(iii) Address for Correspondence	:			
	(iv) Address of Facility	:	CHC Prefnze, Keonjhav		
	(v)Tel. No, Fax. No	:	CHI Pretna, Keonihar 758030		
	(vi) E-mail ID	:	<u>943964'3848</u>		
	(vii) URL of Website	:	bpmu 2. patra @g mail com		
	(viii) GPS coordinates of HCF or CBMWTF		Chc patna Keonihar . in		
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)		
	(x). Status of Authorization under the Bio- Medical	:	Authorisation No.: 		
	Waste (Management and Handling) Rules				
	(xi). Status of Consents under Water Act and	:	Valid upto:		
	Air Act		NA		
2	Type of Health Care Facility	:			
	(i) Bedded Hospital	:	No. of Beds: <u>16</u>		
	(ii) Non-bedded hospital	:			
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		NA		
	(iii) License number and its date of expiry	:	NA		
3	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;	:	Kg / day		
	(iv) Quantity of bio medical waste	:	Kg / day		
	treated or disposed by CBMWTF				
4	Quantity of waste generated or disposed in	:	Yellow Category: 46 Kg		
	Kg per Annum (on monthly average basis)		Red Category: 97 Kg		
			White: I A Kg		
			Blue Category: 6 Kg		
			General Solid Waste: 113 Kg		
5	Details of the Storage, Treatment, Transportat	ion, Pr			
	(i) Details of the on-site storage	:	Size: 120 Sqft		

		facility	Capacity: 500 Kg				
				Provision of on-site storage : (Cold storage o			
			any other provision)				
	(ii)	Disposal facilities		Type of			Quantity Treatedo disposed in kg
				treatment	No of Units	Capaci Kg/day	ty per
				Incinerators			
				Plasma			
				Pyrolysis			
				Autoclaves		0.3	110.5
				Microwave			
				Hydroclave			
				Shredder			
				Needle tip			
				cutter or	6	0.2	95
				destroyer	~		
				Sharps	1	1.2	438
				Encapsulation		1.2	720
				or concrete			
				pit			
				Deep burial		-	
				pits	3	1	365
				Chemical			
				disinfection:	3	7	2550
				Any other			
				treatment			
	(iii) Quantity of recyclable wastes			equipment:			
		Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	*	Red Category (like plastic, glass, etc.) Red - 1169 1xg Blue 203-65 K			
	(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:	J			
	(v)	Details of incineration ash and			Quanti	tv	Where
. ⁶		ETP sludge generated and			Genera	'	disposed
		disposed during the treatment of		Incineration	Seriere		anaposed
		wastes in Kg per annum		Ash			
		O Para anta anta anta anta anta anta anta a		ETP Sludge			
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes			M/S Mediaid Markefing Services 703, 7th Floor, Utkay Signatan Patay, BBSR 752101			
	(vii)	are disposed of List of member HCF not handed		Tarter	1 MOSK	1701	~
	(VII)	over bio-medical waste.			NA		
	Dowowha				511		
	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period			Vac			
					les	Yes	
	reporting	perioa					

7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		
	(ii) Number of personnel trained		57
	(iii) Number of personnel trained at		- /
	the time of induction		6 (New Members)
	(iv) Number of personnel not		6
	undergone any training so far		U
	(v) Whether standard manual for training is available?	×.	Yes
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		34
	(ii) Number of persons affected		34
	(iii) Remedial Action taken (Please		34 (TT & Hep b)
-	attach details if any)		
-	(iv) Any Fatality occurred, details	- 10	
9	Are you meeting the standards of air Pollution from the incinerator? How		
			NA
	many times in last year could not met the standards?		
	Details of Continuous online emission		
•	monitoring systems installed		A A
10	Liquid waste generated and treatment	· ·	
	methods in place. How many times you	í : .	Yes
	have not met the standards in a year?	•	
11	Is the disinfection method or		
	sterilization meeting the log 4		Yes
	standards? How many times you have not		
-	met the standards in a year?		
12	Any other relevant information	1 N.	(Air Pollution Control Devices attached with
			the Incinerator) NA

Certified that the above report is for the period from

	 1St Trun	uary 2024	10
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Name and Signature of the Head of the Institution Medical Officer I/C G.H.C Patna Keonjhar

Date: 03.61.2025 Place: Patna CHC