

**Form - IV**  
**(See rule 13)**  
**ANNUAL REPORT**

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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   | : | DMO(MS)-cum-Superintendent<br>DHH, Phulbani, Kandhamal  |
|         | (i) Name of the authorized person (occupier or operator of facility)                                    | : | DHH, Phulbani, Kandhamal  |
|         | (ii) Name of HCF or CBMWTF  | : | DHH, Phulbani, Kandhamal  |
|         | (iii) Address for Correspondence  | : | Phulbani Town   |
|         | (iv) Address of Facility  |   | Phulbani Town, Pin-762001   |
|         | (v) Tel. No, Fax. No  | : | 9437260870  |
|         | (vi) E-mail ID  | : | hdtkandhamal@gmail.com  |
|         | (vii) URL of Website  |   |   |
|         | (viii) GPS coordinates of HCF or CBMWTF   |   |   |
|         | (ix) Ownership of HCF or CBMWTF   | : | (State Government)  |
|         | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules                | : | Authorisation No.:<br>732/BMW-195/2014 ON DATED<br>17/02/2024.....<br>...<br>valid up to 31.03.2024 |
|         | (xi). Status of Consents under Water Act and Air Act  | : | Valid up to: 31.03.2024   |
| 2.      | Type of Health Care Facility  | : |   |
|         | (i) Bedded Hospital   | : | No. of Beds: 186  |
|         | (ii) Non-bedded hospital  | : |   |
|         | (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   | : |   |
|         | (iii) Installed treatment and disposal capacity of CBMWTF:  | : | _____ Kg per day  |

|    |   |  |   |   |
|----|---|--|---|---|
|    | (iv) Quantity of biomedical waste treated or disposed by CBMWTI :                                   | Kg/day   |   |   |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :                | Yellow Category  | :3,334,441KG                            |   |
|    |   | Red Category   | :1,378,505KG                            |   |
|    |   | White:   | 90,686KG                                |   |
|    |   | Blue Category  | :998,890KG                              |   |
|    |   | General Solid waste:                                   | 30,000KG                                |   |
| 5  | Details of the Storage, treatment, transportation, processing and Disposal Facility                 |  |   |   |
|    | (i) Details of the on-site storage facility :   | Size   | :400 sq mtr                             |   |
|    |   | Capacity :   |   |   |
|    |   | Provision of on-site storage                           | : (cold storage or any other provision) |   |
|    | (ii) Details of the treatment or disposal facilities :  | Type of treatment equipment                            | No of units                             | Capacity Quantity treated or disposed in kg per annum |
|    |   | Incinerators   | 0                                       |   |
|    |   | Plasma Pyrolysis                                       | 0                                       |   |
|    |   | Autoclaves   | 3                                       |   |
|    |   | Microwave  | 0                                       |   |
|    |   | Hydroclave   |   |   |
|    |   | Shredder   | 2                                       |   |
|    |   | Needle tip cutter or destroyer                         | 2                                       | -   |
|    |   | Sharps encapsulation or concrete pit                   | 0                                       | -   |
|    |   | Deep burial pits:                                      | 16                                      |   |
|    |   | Chemical disinfection:                                 | 18                                      | -   |
|    |   | Any other treatment equipment:                         | 0                                       |   |
|    | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. : | Red Category (like plastic, glass etc.)<br>1,378,505KG |   |   |
|    | (iv) No of vehicles used for collection and transportation of biomedical waste :                    | ONE  |   |   |
|    | (v) Details of incineration ash and ETP sludge generated and disposed :                             | Quantity generated                                     | Where disposed                          |   |

|    |   |                                   |
|----|---|-----------------------------------|
|    | during the treatment of wastes in Kg per annum  | Incineration<br>Ash<br>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.   |                                   |
| 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.  | 3 NUMBER                          |
|    | (ii) number of personnel trained  | 80 NUMBERS                        |
|    | (iii) number of personnel trained at the time of induction  | 0                                 |
|    | (iv) number of personnel not undergone any training so far  | YES                               |
|    | (v) whether standard manual for training is available?  | YES                               |
|    | (vi) any other information)   |                                   |
| 8  | Details of the accident occurred during the year  |                                   |
|    | (i) Number of Accidents occurred  |                                   |
|    | (ii) Number of the persons affected   |                                   |
|    | (iii) Remedial Action taken (Please attach details if any)  |                                   |
|    | (iv) Any Fatality 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? | 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                               |
| 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                                      | : | NA |

Certified that the above report is for the period from

01.01.2023 TO

31.12.2023.....

.....

.....

.....

.....+

*[Handwritten Signature]*  
10.4.24

Name and Signature of the Head of the Institution

**D.M.O (M.S)-Cum- Superintendent,**

**DHH, Phuibani, Kandhamal.**

Date: *Phuibani*  
Place *10.04.2024*