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)]

Particulars		
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	<u> :</u>	Metical Superformer Dr. Ashor Kumor Below Suporikator CHE ylungurs C-H.C Thumpros
	:	or. Ashoh Kumor Belov
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	:	C-H.C Thumpros
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(v)Tel. No, Fax. No	:	0
(vi) E-mail ID	:	mhom jhumperor @ gmod.com
(vii) URL of Website	:	
(viii) GPS coordinates of HCF or CBMWTF	:	
•	:	(State Government or Private or Semi Govt.
(ix) Ownership of HCF or CBMWTF		or any other)
(x). Status of Authorization under the Bio-	1 1	Authorisation No.:
Medical		11767 SPCB
Waste (Management and Handling) Rules	5	11767 SPCB Valid upto: 21/9/2025
(xi). Status of Consents under Water Act and	:	Valid upto:
Air		
Act `		NA
Type of Health Care Facility	:	
(i) Bedded Hospital	,	No. of Beds: / &
(ii) Non-bedded hospital	:	
Clinical Laboratory or Research Institute or	,	NA
Veterinary Hospital or any other)		
(iii) License number and its date of expiry		NA .
Details of CBMWTF	:0	
(i) Number of health care facilities	:	
covered by CBMWTF		
	:	- 1284 C
		Kg / day
	:	Kg / day
	:	Yellow Category: Jaky
	•	Red Category: 49 kg
G F = 1 miles (en mensin) at an abe waste)		White:
	1-1	Blue Category: 9573
Details of the Storage Treatment Transportet	ion D-	
	(vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and Air Act Type of Health Care Facility (i) Bedded Hospital (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; (iv) Quantity of bio medical waste treated or disposed by CBMWTF Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	(i) Name of the authorized person (occupier or : operator of facility) (ii) Name of HCF or CBMWTF (iii) Address for Correspondence (iv) Address of Facility (v)Tel. No, Fax. No (vi) E-mail ID (vii) URL of Website (viii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules (xi). Status of Consents under Water Act and Air Act Type of Health Care Facility (i) Bedded Hospital (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 (iii) Installed treatment and disposal capacity of CBMWTF; (iv) Quantity of bio medical waste treated or disposed in :

	facility			Capacity:	so kg		old storage o
				Provision of on		rage: (C	old Storage o
				any other prov	rision)	T	Quantity
	(ii)	Disposal facilities					Treatedo
				T of			in kg
				Type of treatment	No of	Capacit	-
					Units	Kg/day	, ,
				equipment	Units	Kg/ day	- Land
				Incinerators			
				Plasma			
				Pyrolysis	1	0:3	110
	a a			Autoclaves		هذا	110
	,			Microwave		-	
	1 2			Hydroclave			
			i i	Shredder			
				Needle tip cutter or	9		
				destroyer	3	0-1	3.8
				Sharps	2	1.2	442
	La despita			Encapsulation	1		
				or concrete). (a)		
		살림아들은 얼마를 살은 한 번째 보다다.	4	pit	, 5 A		
				Deep burial	-		61/
	the title of a			pits	3	1	871
				Chemical	1		0.000
				disinfection:	3	7	2552
				Any other	2 2 10	-	
				treatment			
				equipment:		9 10	
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum		Red Category (I	ike plast	ic, glass,	etc.)
	(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:				
	(v)	Details of incineration ash and ETP sludge generated and			Quanti Genera	1	Where disposed
		disposed during the treatment of		Incineration			
		wastes in Kg per annum		Ash			
			1	ETP Sludge			A
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes		MIL Medi 211 Hoov	iai s Ma vyko	welly Logra 12050	services has perol B- ITHO
		are disposed of		1 1 1 10 L			` `
	(vii)	List of member HCF not handed over bio-medical waste.			NA		2 1
5	Do you ha	ave bio-medical waste	?				
	managen	nent committee? If yes, attach of the meetings held during the			79		

1,-	Dotoilaturi		
./_	Details trainings conducted on BMW		•
	(i) Number of trainings conducted		1
	on BMW Management		1
	(ii) Number of personnel trained		38
	(iii) Number of personnel trained at		28
	the time of induction		
	(iv) Number of personnel not		0
	undergone any training so far		,
	(v) Whether standard manual for		74
	training is available?		19
8	Details of the accident occurred during the		
	year		
	(i) Number of Accidents occurred		
	(ii) Number of persons affected	The st	
	(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		MA
	the standards?		
	Details of Continuous online emission		NA.
	monitoring systems installed		NIT .
10	Liquid waste generated and treatment		
	methods in place. How many times you		30
	have not met the standards in a year?	1	/
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not		Programme Communication (Communication Communication Commu
			ne
	met the standards in a year?		As Dallar Control Devices attached with
12	Any other relevant information		(Air Pollution Control Devices attached with
			the Incinerator) HA

10 yanuary 2024 to	
21- December - 2927	

e Head of the Institution Name and Signature

Date:

Place:

Superintendent
CMC Jhumpura, Keonjhar

A.K. Nelman

Superintendent

CMC Jhumpura, Keonjhar

Superintendent

CMC Jhumpura, Keonjhar

CMC Jhumpura, Keonjhar