

**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                                                                             | : |                                                                      |
|         | (i) Name of the authorised person (occupier or operator of facility)                                    | : | Dr. Susanta K. Samanta<br>(Medical Officer etc)                      |
|         | (ii) Name of HCF or CBMWTF                                                                              | : | CHE Basudevpur                                                       |
|         | (iii) Address for Correspondence                                                                        | : | At - Basudevpur Bhaban, Odisha                                       |
|         | (iv) Address of Facility                                                                                | : |                                                                      |
|         | (v) Tel. No, Fax. No                                                                                    | : | 9439994361                                                           |
|         | (vi) E-mail ID                                                                                          | : | bpmc.basudevpurche@gmail.com                                         |
|         | (vii) URL of Website                                                                                    | : | www.chebasudevpur.in                                                 |
|         | (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 Authorisation under the Bio-Medical Waste (Management and Handling) Rules                | : | Authorisation No.: 7731/IND-IV-BW-479<br>.....valid up to 31.03.2024 |
|         | (xi). Status of Consents under Water Act and Air Act                                                    | : | Valid up to:                                                         |
| 2.      | Type of Health Care Facility                                                                            | : |                                                                      |
|         | (i) Bedded Hospital                                                                                     | : | No. of Beds: 60                                                      |
|         | (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                                                      | : | 01                                                                   |
|         | (ii) No of beds covered by CBMWTF                                                                       | : | 60                                                                   |
|         | (iii) Installed treatment and disposal capacity of CBMWTF:                                              | : | _____ Kg per day                                                     |

|                                      | (iv) Quantity of biomedical waste treated or disposed by CBMWTF                                   | :               | _____ Kg/day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
|--------------------------------------|---------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|-----------------|----------------------------------------------|--------------|--|--|----|------------------|--|--|----|------------|--|--|----|-----------|--|--|----|------------|--|--|----|----------|--|--|----|--------------------------------|--|---|----|--------------------------------------|--|---|----|-------------------|--|--|--|------------------------|--|---|----|--------------------------------|--|--|--|
| 4.                                   | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)                | :               | Yellow Category : 2520kg. 216gm/P.A<br>Red Category : 1734kg. 893 gm/PA<br>White: 88kg. 201 gm/PA<br>Blue Category : 821.845gm/PA<br>General Solid waste: 1317kg. 052gm/PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
| 5                                    | Details of the Storage, treatment, transportation, processing and Disposal Facility               |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
|                                      | (i) Details of the on-site storage facility                                                       | :               | Size : NA<br>Capacity : NA<br>Provision of on-site storage : (cold storage or any other provision)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
|                                      | (ii) Details of the treatment or disposal facilities                                              | :               | <table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td></td><td>NA</td></tr> <tr><td>Plasma Pyrolysis</td><td></td><td></td><td>NA</td></tr> <tr><td>Autoclaves</td><td></td><td></td><td>NA</td></tr> <tr><td>Microwave</td><td></td><td></td><td>NA</td></tr> <tr><td>Hydroclave</td><td></td><td></td><td>NA</td></tr> <tr><td>Shredder</td><td></td><td></td><td>NA</td></tr> <tr><td>Needle tip cutter or destroyer</td><td></td><td>-</td><td>NA</td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td></td><td>-</td><td>NA</td></tr> <tr><td>Deep burial pits:</td><td></td><td></td><td></td></tr> <tr><td>Chemical disinfection:</td><td></td><td>-</td><td>NA</td></tr> <tr><td>Any other treatment equipment:</td><td></td><td></td><td></td></tr> </tbody> </table> | Type of treatment equipment | No of units    | Capacity Kg/day | Quantity treated or disposed in kg per annum | Incinerators |  |  | NA | Plasma Pyrolysis |  |  | NA | Autoclaves |  |  | NA | Microwave |  |  | NA | Hydroclave |  |  | NA | Shredder |  |  | NA | Needle tip cutter or destroyer |  | - | NA | Sharps encapsulation or concrete pit |  | - | NA | Deep burial pits: |  |  |  | Chemical disinfection: |  | - | NA | Any other treatment equipment: |  |  |  |
| Type of treatment equipment          | No of units                                                                                       | Capacity Kg/day | Quantity treated or disposed in kg per annum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
| Incinerators                         |                                                                                                   |                 | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
| Plasma Pyrolysis                     |                                                                                                   |                 | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
| Autoclaves                           |                                                                                                   |                 | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
| Microwave                            |                                                                                                   |                 | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
| Hydroclave                           |                                                                                                   |                 | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
| Shredder                             |                                                                                                   |                 | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
| Needle tip cutter or destroyer       |                                                                                                   | -               | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
| Sharps encapsulation or concrete pit |                                                                                                   | -               | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
| Deep burial pits:                    |                                                                                                   |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
| Chemical disinfection:               |                                                                                                   | -               | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
| Any other treatment equipment:       |                                                                                                   |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
|                                      | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. | :               | Red Category (like plastic, glass etc.)<br>NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
|                                      | (iv) No of vehicles used for collection and transportation of biomedical waste                    | :               | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                |                 |                                              |              |  |  |    |                  |  |  |    |            |  |  |    |           |  |  |    |            |  |  |    |          |  |  |    |                                |  |   |    |                                      |  |   |    |                   |  |  |  |                        |  |   |    |                                |  |  |  |
|                                      | (v) Details of incineration ash and ETP sludge generated and disposed                             | :               | <table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Quantity generated          | Where 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                    | : | Manju Services<br>Chhatrak, Ad, RA |
|    | (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.                                                                          |   | 4                                  |
|    | (ii) number of personnel trained                                                                                              |   | 24                                 |
|    | (iii) number of personnel trained at the time of induction                                                                    |   | 0                                  |
|    | (iv) number of personnel not undergone any training so far                                                                    |   | 0                                  |
|    | (v) whether standard manual for training is available?                                                                        |   | yes                                |
|    | (vi) any other information)                                                                                                   |   | NA                                 |
| 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? |   |                                    |
|    | 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?               |   |                                    |
| 11 | Is the disinfection method or sterilization meeting the log 4                                                                 |   |                                    |

|    |                                                                     |   |                                                               |
|----|---------------------------------------------------------------------|---|---------------------------------------------------------------|
|    | standards? How many times you have not met the standards in a year? |   |                                                               |
| 12 | Any other relevant information                                      | : | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from

..... 01.01.2020 to 31.12.2020 .....

.....

.....

.....

Name and Signature of the Head of the Institution

**Medical Officer**  
**C.H.C. Basudevapur**  
**Dist-Bhadrak**

Date: 18/6/2021  
Place: C.H.C. Basudevapur  
Dist-Bhadrak