

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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. K. Ojit Khaba M.D. (C), CHC, Nambol
	(ii) Name of HCF or CBMWTF	:	CHC, Nambol
	(iii) Address for Correspondence	:	CHC, Nambol, Opposite to Khariphada AIT
	(iv) Address of Facility	:	CHC, Nambol, Near PS Nambol
	(v) Tel. No, Fax. No	:	# 8787392441, # 9612964575
	(vi) E-mail ID	:	www.chcnambol.com
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	24.720036; 93.841683
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) Private
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.:200/2019.....valid up to 18/8/24
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 18/8/2024
2.	Type of Health Care Facility	:	FRU
	(i) Bedded Hospital	:	No. of Beds:.....24
	(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	:	Shija CBMWTF, Langol, 1777 hof
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	24
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	Kg/day Done by <i>Swija CBMWTF</i>																																																
4. Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category : <i>60.2kg</i>																																																
	Red Category : <i>2kg</i>																																																
	White: <i>2kg</i>																																																
	Blue Category : <i>16kg</i>																																																
5 Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
(i) Details of the on-site storage facility :	Size : <i>10' x 6' x 6.5'</i>																																																
	Capacity : <i>> 1 wk. Storage Capacity</i>																																																
	Provision of on-site storage : (cold storage or any other provision) <i>- - -</i>																																																
(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><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Plasma Pyrolysis</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Autoclaves</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Microwave</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Hydroclave</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Shredder</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Deep burial pits:</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Chemical disinfection:</td><td><input checked="" type="checkbox"/></td><td></td><td></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	<input checked="" type="checkbox"/>			Plasma Pyrolysis	<input checked="" type="checkbox"/>			Autoclaves	<input checked="" type="checkbox"/>			Microwave	<input checked="" type="checkbox"/>			Hydroclave	<input checked="" type="checkbox"/>			Shredder	<input checked="" type="checkbox"/>			Needle tip cutter or destroyer	<input checked="" type="checkbox"/>			Sharps encapsulation or concrete pit	<input checked="" type="checkbox"/>			Deep burial pits:	<input checked="" type="checkbox"/>			Chemical disinfection:	<input checked="" type="checkbox"/>			Any other treatment equipment:			
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(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum :	Red Category (like plastic, glass etc.) <i>5kg</i>																																																
(iv) No of vehicles used for collection and transportation of biomedical waste :	<i>1</i>																																																
(v) Details of incineration ash and disposed	<input checked="" type="checkbox"/>	Quantity generated	Where disposed																																														

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	Shija CBMWTF, Langol, Imphal
	(vii) List of member HCF not handed over bio-medical waste.	X
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.	2 times a year
	(ii) number of personnel trained	ACU Staff
	(iii) number of personnel trained at the time of induction	30
	(iv) number of personnel not undergone any training so far	X
	(v) whether standard manual for training is available?	Available
	(vi) any other information)	
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	X
	(ii) Number of the persons affected	X
	(iii) Remedial Action taken (Please attach details if any)	X
	(iv) Any Fatality occurred, details.	X
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	X
	Details of Continuous online emission monitoring systems installed	X
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

.....
January 2023 to December 2023

[Handwritten Signature]

Name and Signature of the Head of the Institution

**M.O. In-Charge
 Community Health Centre
 NAMBOL**

Date: *09/05/2024*
 Place: *CHC, Nambol*