## 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.	Particulars		
No.			
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier	:	DR SANGHAMITRA
	or : operator of facility)		BHOWMIK
	(ii) Name of HCF or CBMWTF	:	C.R. HOSPITAL'S BHATAR
	(iii) Address for Correspondence	:	KANTAR PO+PS BHATAR 71312
	(iv) Address of Facility	:	-Do-
	(v)Tel. No, Fax. No	:	9883304176
	(vi) E-mail ID	:	bhatanenhospital2@gmail.co
	(vii) URL of Website	:	W.W.Wbhatansghospital.org
	(viii) GPS coordinates of HCF or CBMWTF	:	LAT 23'4013 LONG 87,9367
	(ix) Ownership of HCF or CBMWTF	:	(State Government or <del>Private</del> or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-	:	Authorisation No.:
	Medical		D009985
	Waste (Management and Handling) Rules		
	(xi). Status of Consents under Water Act and	:	Valid upto:
	Air		
	Act		Cupa Hasara
2	Type of Health Care Facility	<u>:</u>	RURAL HOSPITAL
	(i) Bedded Hospital	:	No. of Beds: 50
	(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	:	NA
	(ii) No. of Beds covered by CBMWTF	:	
1-1.	(iii) Installed treatment and disposal capacity of CBMWTF;	:	Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	Kg / day NA
4	Quantity of waste generated or disposed in	:	Yellow Category: 2370 Kg (Approx
	Kg per Annum (on monthly average basis)		Red Category: 2465 Kg (Appro
			White: 82 Kg (Approx
			Blue Category: 376 Kg (Approx
			General Solid Waste: 5217
5	Details of the Storage, Treatment, Transporta	tion [	
	(i) Details of the on-site storage	1.	
	T (i) Details of the off-site storage	1.	Size: 10ft x 15ft

NT

	facility		Capacity: 150 Sq.C.F.  Provision of on-site storage: (Cold storage or						
				Provision of on-site storage: (Cold storage of any other provision) Common Collection					
1 1	(ii)	Disposal facilities		any other prov			Quantity Treatedor disposed		
				Type of treatment	No of	Capac	in kg ity per		
				equipment	Units	Kg/da	y annum	1	
				Incinerators				1	
				Plasma		_ B			
- 3				Pyrolysis					
		and the second		Autoclaves					
				Microwave					
				Hydroclave					
2 1		District Control of the sectors of		Shredder					
				Needle tip				ĺ	
				cutter or	10				
1		1574		destroyer					
				Sharps					
1		3.00		Encapsulation	- 1 / 12-				
				or concrete					
				pit					
		side en la se		Deep burial pits	1				
				Chemical	5	700 K	(9-		
				disinfection:		700 K	Ü		
				Any other 19.		/			
	F = .			treatment					
		- 4		equipment:					
	(iii)	Quantity of recyclable wastes	:	Red Category (like plastic, glass, etc.)		, etc.)			
		sold to authorized recyclers after		NA				ĺ	
		treatment in Kg per annum		,					
	(iv)	No. of Vehicles used for	:		A.1. D.				
		collection and transportation of			NA		'5 '		
	, ,	biomedical waste			1-				
	(v)	Details of incineration ash and		NA.	Quan		Where		
		ETP sludge generated and			Gene	rated	disposed		
		disposed during the treatment of		Incineration	-				
		wastes in Kg per annum		Ash					
	/	11 C D		ETP Sludge					
	(vi)	Name of the Common Bio-		M/S SNG ENVIROSOLUTIO			N		
		Medical Waste Treatment Facility		PRIVATE LIMITED.					
		Operator through which wastes					<b>レン・</b>		
	1,2::1	are disposed of		<del> </del>					
4	(vii)	List of member HCF not handed over bio-medical waste.		N	NA,				
6		ive bio-medical waste			V= 0				
	management committee? If yes, attach			)	YES				
	minutes of the meetings held during the								
	reporting	period			47.4			1	

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7	Details trainings conducted on BMW	
	(i) Number of trainings conducted	/,
	on BMW Management	4
	(ii) Number of personnel trained	62 (ONCE HEAD.COUN
	(iii) Number of personnel trained at	12
	the time of induction	12
	(iv) Number of personnel not	O
	undergone any training so far	
	(v) Whether standard manual for	YES
	training is available?	/ 20
8	Details of the accident occurred during the	NA
	year	NA
	(i) Number of Accidents occurred	
	(ii) Number of 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	NA
	many times in last year could not met	
	the standards?	. ^
	Details of Continuous online emission	NA.
	monitoring systems installed	AFTER TREATMENT DRAINED
10	Liquid waste generated and treatment	ATTEN TOPAIN
	methods in place. How many times you have not met the standards in a year?	AT COMMON DRAIN
	Is the disinfection method or	
11	sterilization meeting the log 4	NA.
	standards? How many times you have not	
	met the standards in a year?	
12	Any other relevant information	(Air Pollution Control Devices attached with
12	Any other roles	the Incinerator)

Certified that the above report is for the period from  JANUARY 2022 To	
	Bhe 16.2.23

Name and Signature of the Head of the Institution

Date: 16, 2.23.

Place: BHATAR.