

**Form - IV (See rule 13)**  
**ANNUAL REPORT (1st January 2022 to 31st December 2022)**

**Name of the Institution:**

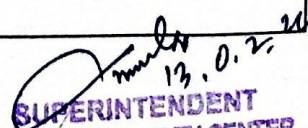
[To be submitted to the prescribed authority on or before 30<sup>th</sup> June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	-
	(i) Name of the authorised person (occupier or operator of facility)	:	SUPERINTENDETN CHC JATANI
	(ii) Name of HCF or CBMWTF	:	CHC JATANI
	(iii) Address for Correspondence	:	AT/PO_ CHC JATANI, KHORDHA
	(iv) Address of Facility		CHC JATANI
	(v) Tel. No, Fax. No	:	0674-2492033
	(vi) E-mail ID	:	<a href="mailto:chcjatni2@gmail.com">chcjatni2@gmail.com</a>
	(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 Order No.13467 valid upto-31/03/2024
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	Non-bedded
	(i) Bedded Hospital	:	No. of Beds: 30
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	Urban Primary Health Centre
	(iii) License number and its date of expiry		-
3.	Details of CBMWTF	:	CHC JATANI
	(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 CBMWTF	:	_____ Kg/day

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**SUPERINTENDENT**  
**COMMUNITY HEALTH CENTER**  
JATANI, DIST. KHORDHA

4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category	:327 kg/annum
		Red Category	: 232 kg/annum
		White:	: 37 kg/annum
		Blue Category :	: 225 kg/annum
		General Solid waste:	:

5					Details of the Storage, treatment, transportation, processing and Disposal Facility				
(i) Details of the on-site storage facility		Size : NA		Capacity : NA			Provision of on-site storage : (Cold storage & any other provision)		
(ii) Details of disposal facilities		Type of treatment equipment	No of units	Capacity Kg/ day	Quantity treated or disposed in kg per annum				
1		Incinerators Plasma	-	-	-				
2		Pyrolysis Autoclaves	-	-	-				
3		Microwave	-	-	-				
4		Hydroclave Shredder	-	-	-				
5		Needle tip cutter or destroyer	2						
6		encapsulation or concrete pit	4	-	-				
7		Deep burial pits: Chemical disinfection:	4	-	-				
8		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.)							
(iv) No of vehicles used for collection and transportation of biomedical waste		One number of cover vehicle provided by Outsourcing Agency.							
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated			Where disposed				
		-			-				
(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.									

  
 13.0.2021  
**SUPERINTENDENT**  
**COMMUNITY HEALTH CENTER**  
**JATNI, DIST.-KHORDHA**

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.		1no.
	(ii) number of personnel trained		53
	(iii) number of personnel trained at the time of induction		53
	(iv) number of personnel not undergone any training so far		Nil
	(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 4standards? How many times you have not met the standards in a year?		-
12	Any other relevant information	:	

Certified that the above report is for the period from

.....  
 ..... Jan 2023 to Dec 2023  
 .....

Date: 13.02.2024

Place JATNI

*[Signature]*  
 13/02/2024  
 Name and Signature of the Head of the Institution  
**SUPERINTENDENT**  
**COMMUNITY HEALTH CENTRE**  
**JATNI, DIST.-KHORDHA**