

[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 authorized person (occupier or operator of facility)	:	Medical officer Incharge																
	(ii) Name of HCF or CBMWTF	:	CHC Lantaput																
	(iii) Address for Correspondence	:	Lantaput, Koraput Odisha																
	(i) Address of Facility	:	Lantaput, Koraput Odisha																
	(ii) Tel. No. Fax. No.	:																	
	(V) E-mail ID	:	nhm.lantaput@gmail.com																
	(i) URL of Website	:																	
	(ii) GPS coordinates of HCF of CBMWTF	:																	
	(iii) Ownership of HCF of CBMWTF	:	(State Government of Private or Semi Govt. or any other)																
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	:	Authorization No. 18643..... Valid up to...22.11.2021 to 31.03.2026																
	(v) Status of Consents under Water Act and Air Act.	:	Valid up to: - NA -																
2.	Type of Health Care Facility	:																	
	(i) Bedded Hospital	:	No. of Beds 06																
	(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 if CBMWTF	:	- NA -																
	(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 disposal by CBMWTF	:	_____ Kg/day																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category: 1,106.015 gm Red Category: 688, 305 gm White: 20, 498 gm Blue Category: 646, 934 gm General Solid waste																
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility																		
	(i) Details of the on-site storage facility	:	Size : 40x40 Capacity: Provision of on-site storage : (cold storage or any other provision)																
	(ii) 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>X</td> <td></td> <td></td> </tr> <tr> <td>Plasma Paralysis</td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</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	X			Plasma Paralysis	X			Autoclaves	✓		
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			Microwave Hydroclave ✓ Shredder Needle tip cutter or ✓ --- destroyer Sharps ✓ encapsulation or ✓ --- concrete pit Deep Burial pits: ✓ Chemical disinfection: ✓ --- 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.)  688,305 gm
	(iv) No of vehicles used for collection and transportation of biomedical waste.	:	1
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum)		Quantity Generated      Where disposal  Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	L & K services
	(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.	Detail trainings conducted on BMW		
	(i) Number of training conducted on BMW Management.		12
	(ii) Number of personnel trained		41
	(iii) Number of personnel trained at the time of induction		12
	(iv) Number of personnel not undergone any training so far.		0
	(v) Whether standard manual for training is available ?		yes
	(vi) Any other information)		
8.	Details of the accident occurred during the year		0.
	(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		



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 4 standards? How many times you have not met the standards in a year?		
12.	Any other relevant information		(Air Pollution Control Device attached with the incinerator.)

Certified that the above report is for the period from

01.01.2022 to 31.12.2022

Date: 12/01/2023  
Place: CHC Lamtaput

Name and Signature of the Head of the Institution

Medical Officer I/c  
CHC Lamtaput