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.	Particulars		
No L	Particulars of the Occupier	1/F	
1.	(i) Name of the authorised person (occupier or operator of facility)	:	De. Madhusmita Nayak
	(ii) Name of HCF or CBMWTF	:	CHC Tangi
	(iii) Address for Correspondence	:	AT-RAMGARH, PO-KOTASAHI
	(iv) Address of Facility		CHC Tangi AT-RAMGARH, PO-KOTASAHI TANGI, CUTTACK
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	bentansi a gmail. com
	(vii) URL of Website		02
	(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	171	Authorisation 12.962/SPCB/Authorization Dt-25/08/21 valid up to 31.03/2025
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	CHC
	(i) Bedded Hospital	÷	No. of Beds:\6
	(ii) Non-bedded hospital	:	18
Date 1	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	den.	
-	(iii) License number and its date of expiry		
	Details of CBMWTF		
	(i) Number healthcare facilities covered by CBMWTF	:	06
	(ii) No of beds covered by CBMWTF	:	22
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg per day

	by CBMWTF								
	Quantity of waste generated or dispo	n Kg per 🖫	Yellov	w Categor	ry :	1820Kg			
1	annum (on monthly average basis)		4.	and the same of the last of the last	ategory	7	50 Kg		
				White	of 1		2 50080		
					ategory:	1010	Kg 200		
					al Solid w		950K9		
	Details of the Storage, treatment, transportation, processing and Disposal Facility								
	(i) Details of the on-site storage	1	Size 6						
	facility		Capacity:						
			Provision of on-site storage : (cold storage or						
			any other provision)						
	(ii) Details of the treatment or disposal facilities		Type of trea	atment	No	Cap	Quantity		
			equipment		of	acit	treatedo		
					unit	У	r		
					S	Kg/	disposed		
			40			day	in kg		
						6)	per		
	184						annum		
			Incinerators						
			Plasma Pyro	olysis					
			Autoclaves		02				
	/// ·		Microwave						
			Hydroclave						
			Shredder		-1.	0.5	n- 9		
			Needle tip co	atter or	04	35	08m 9		
			destroyer						
			Sharps				21		
			encapsulatio	n or	01	-			
			Concrète pit		-1.				
			Deep burial p	oits:	04	75	1		
			disinfection:			-			
No.			Any other tre equipment:	aunent					
(i	ii) Quantity of recyclable wastes	+		ika nlee	tio class	242 \			
SO	old to authorized recyclers after		Red Catęgory (ike pias	tic, glass	etc.)			
tre	eatment in kg per annum.								
(1)	() No of vehicles used for collection :					£3.			
an	d transportation of biomedical		01						
Wa	iste			OI	-				
(v	Details of incineration ash and			Quant	ity	Wher	re		
1 6	P sludge generated and disposed	1	1.1	genera		dispo			

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

Certifi	ed that the above report is for the period from 1ST January 31ST DECEMBER 2022,	2022 50
		urayan, 5/2023.
Date: Place	CHC. Tangi, Cut tack.	SUPERINTENDENT CHC, Tangi, Cunack