

**Form - IV**  
**(See rule 13)**  
**ANNUAL REPORT**

[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)	:	Borsul BPHC Dr. Nayavishak Jash (BMOH)
	(ii) Name of HCF or CBMWTF	:	Borsul BPHC
	(iii) Address for Correspondence	:	Borsul, Sakligenh, 513124
	(iv) Address of Facility	:	DO.
	(v) Tel. No, Fax. No	:	—
	(vi) E-mail ID	:	—
	(vii) URL of Website	:	bmo.h.borsulbphc.2009@gmail.com
	(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	:	Authorisation No.: 20012334..... .....valid up to 30/09/2023
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: —
2.	Type of Health Care Facility	:	Block Primary Health Centre
	(i) Bedded Hospital	:	No. of Beds:..... 15
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA.
	(iii) License number and its date of expiry	:	—
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	1
	(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																																																
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category : 197 kg/month / 28 kg (cond) Red Category : 77 kg/month White: 23 kg/month Blue Category : 6 kg/month General Solid waste: 205 kg/month																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																	
	(i) Details of the on-site storage facility :	Size : 10/8 Sqft Capacity : Adequate Provision of on-site storage : (cold storage or any other provision)																																																
	(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>NA</td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>5 kg/days</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td></td> <td>10</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td>0.5% Chlorine Solution &amp; 2% Glutaraldehyde</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	NA			Plasma Pyrolysis	NA			Autoclaves	5 kg/days			Microwave	NA			Hydroclave	NA			Shredder	NA			Needle tip cutter or destroyer			10	Sharps encapsulation or concrete pit				Deep burial pits:			1	Chemical disinfection:		0.5% Chlorine Solution & 2% Glutaraldehyde		Any other treatment equipment:			
Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum																																															
Incinerators	NA																																																	
Plasma Pyrolysis	NA																																																	
Autoclaves	5 kg/days																																																	
Microwave	NA																																																	
Hydroclave	NA																																																	
Shredder	NA																																																	
Needle tip cutter or destroyer			10																																															
Sharps encapsulation or concrete pit																																																		
Deep burial pits:			1																																															
Chemical disinfection:		0.5% Chlorine Solution & 2% Glutaraldehyde																																																
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 :	—																																																
	(v) Details of incineration ash and ETP sludge generated and disposed :	NA Quantity generated Where disposed																																																

	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge	NIL
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		SING
	(vii) List of member HCF not handed over bio-medical waste.		NA
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.		12
	(ii) number of personnel trained		45
	(iii) number of personnel trained at the time of induction		15
	(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		NIL
	(i) Number of Accidents occurred		NIL
	(ii) Number of the persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NIL
	(iv) Any Fatality occurred, details.		NIL
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?		Met all the standard procedure.
11	Is the disinfection method or sterilization meeting the log 4		Yes

	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) NA

Certified that the above report is for the period from

..... 01.01.2021 to 31.12.2021 .....

.....

.....

  
Name and Signature of the Head of the Institution

Date: 20/4/2022  
Place: Borsul B.P.H.C.

**Block Medical Officer of Health  
Borsul B.P.H.C., Furba Bardhaman**