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)]

S1.	Particulars	1	
No.			
1.	Particulars of the Occupier	:	Boresu BPAC
	(i) Name of the authorised person (occupier or operator of facility)		Dr. Nayavishek Jach(BMOH) Borsul BPHC
	(ii) Name of HCF or CBMWTF	:	Borsul BPHC
	(iii) Address for Correspondence	:	Borculi Saltigorh, 713124
	(iv) Address of Facility		-P0
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	B bmoh. borsubphc2009@gn
	(vii) URL of Website		
	(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.: DOD 1 2 334 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:
	(ii) Non-bedded hospital(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	MA ·
	(iii) License number and its date of expiry		
3.	Details of CBMWTF	:	• •
	(i) Number healthcare facilities covered by CBMWTF	:	10 -
-	(ii) No of beds covered by CBMWTF	:	5
	(iii) Installed treatment and disposal capacity of CBMWTF:	•	Kg per day

	(iv) Quantity of biomedical waste treated	or dis	sposed : 1 Kg/day					
	by CBMWTF							
4.	Quantity of waste generated or disposed	l in K	Ig per : Yellow Category : 150kgm					
	annum (on monthly average basis)	-	Red Category : 40 log/m					
			White: 6 wm					
			Blue Category: 10 kgr womh					
			General Solid waste: 200 log mont					
5	Details of the Storage, treatment, transportation, processing and Disposal Facility							
	(i) Details of the on-site storage :		Size : 10/8 safe					
1	facility		Capacity: Alequale					
			Provision of on-site storage : (cold storage or					
			any other provision)					
	(ii) Details of the treatment or	: [Type of treatment No Cap Quantity					
	disposal facilities		equipment of acit treatedo					
	disposar instances		unit y r					
			s Kg/ disposed					
			day in kg					
			per					
			annum					
			Incinerators NTA					
			Plasma Pyrolysis NA Handdal					
			Autoclaves					
			Microwave					
			Hydroclave M Shredder M					
			Needle tip cutter or					
			destroyer					
			Sharps					
			encapsulation or NA -					
			concrete pit					
			Deep burial pits:					
			Deep burial pits: 2 Chemical disinfection: 0.51. chlorine Colution Lefydration Any other treatment					
			disinfection: 0.5) chlon 12 Gunta things					
-			Any other treatment					
			equipment:					
	(iii) Quantity of recyclable wastes	:	Red Category (like plastic, glass etc.)					
	sold to authorized recyclers after							
	treatment in kg per annum.							
	(iv) No of vehicles used for collection	:	• 3					
1	and transportation of biomedical		-					
1. 19	waste		TY /I					
	(v) Details of incineration ash and		Quantity Where generated disposed					
	ETP sludge generated and disposed		with generated disposed					

Incineration during the treatment of wastes in Kg NJ Ash per annum ETP Sludge Common Bio-(vi) Name of the : SNG Medical Waste Treatment Facility Operator through which wastes are disposed of NA (vii) List of member HCF not handed over bio-medical waste. Do you have bio-medical waste 6 management committee? If yes, attach Yes minutes of the meetings held during the reporting period Details trainings conducted on BMW 7 (i) Number of trainings conducted on 12 BMW Management. 25 (ii) number of personnel trained (iii) number of personnel trained at 42 the time of induction (iv) number of personnel not 3 undergone any training so far (v) whether standard manual for Yes training is available? (vi) any other information) Details of the accident occurred NT 8 1. during the year NI (i) Number of Accidents occurred Ni (ii) Number of the persons affected (iii) Remedial Action taken (Please Ni attach details if any) Mi (iv) Any Fatality occurred, details. Are you meeting the standards of air 9. NA Pollution from the incinerator? How many times in last year could not met the standards? NA Details of Continuous online emission Met all the standard procedure Yes monitoring systems installed Liquid waste generated and treatment 10 methods in place. How many times you have not met the standards in a year? method or disinfection the 11 Is 4 sterilization meeting the log

[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 $\frac{1}{2020}$ $\frac{1}{20}$ $\frac{31}{12}$ $\frac{12}{2020}$

Name and Signature of the Head of the Institution Block Medical Officer of Health Borsul B.P.H.C., Purba Barddhaman

Date: 30/06/2021 Place Borsul BPHC