

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. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	MEDICAL OFFICER VC CHC, Laxmipur
	(ii) Name of HCF or CBMWTF	:	CHC, Laxmipur
	(iii) Address for Correspondence	:	AT/PO - Laxmipur Dist - Koraput
	(iv) Address of Facility	:	AT/PO - Laxmipur, Dist - Koraput
	(v) Tel. No, Fax. No	:	9439990525
	(vi) E-mail ID	:	dhcrl, Laxmipur 2023@gmail.com
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State <input checked="" type="checkbox"/> Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 11974/SPCB/Authorisation 2/8-11-2019 valid up to 31-3-25
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31-03-25 - APPLIED for renewal NA
2.	Type of Health Care Facility	:	
	(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)	:	NA
	(iii) License number and its date of expiry	:	11974
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	07
	(ii) No of beds covered by CBMWTF	:	30
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	05 Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	05 Kg/day		
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis) :	Yellow Category : 632 kg 113 gm		
		Red Category : 410 kg 995 gm		
		White: 124 kg 552 gm		
		Blue Category : 387 kg 413 gm		
		General Solid waste: 596 kg 330 gm		
5	Details of the Storage, treatment, transportation, processing and Disposal Facility			
(i) Details of the on-site storage facility :	Size :	4 ft x 3 ft 3 pits		
	Capacity :	4 ft x 3 ft 3 pits		
	Provision of on-site storage :	(cold storage or any other provision)		
(ii) Details of the treatment or disposal facilities :	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
	Incinerators	- No 1		
	Plasma Pyrolysis	- No 1		
	Autoclaves	- 01		
	Microwave	- No 1		
	Hydroclave	- No 1		
	Shredder	- 01		
	Needle tip cutter or destroyer	- 06		
	Sharps encapsulation or concrete pit	- 01 sharp pit		
	Deep burial pits:	- 03		
	Chemical disinfection:	- 01		
	Any other treatment equipment:	- 04		
(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 :	01			
(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	NA
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Chandan, Security / M/S RENEWABLE ENVIRONMENTAL PVT, LTD, Therupali Palange" 8
	(vii) List of member HCF not handed over bio-medical waste.		Yes, available
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		
	(ii) number of personnel trained		
	(iii) number of personnel trained at the time of induction		
	(iv) number of personnel not undergone any training so far		
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		
8	Details of the accident occurred during the year		NO
	(i) Number of Accidents occurred		NO
	(ii) Number of the persons affected		NO
	(iii) Remedial Action taken (Please attach details if any)		NO
	(iv) Any Fatality occurred, details.		NO
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 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) <i>NA</i>

Certified that the above report is for the period from

..... *01.01.25 to 31.12.2025*

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Name and Signature of the Head of the Institution

Dr. P. K. Das

**MEDICAL OFFICER I/C
C.H.C. LAXMIPUR
DIST. KORAPUT**

Date:

Place - *CHC, Laxmipur*