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)]

SI No			
	Particulars of the Occupier		E LIBERT MANAGEMENT OF THE PERSON
	(i) Name of the authoris !		
	or operator of facility)		Dr. Durgadutta Dash, DMO (MS) cum Superintendent, DHH, Sonepur
	(ii) Name of HCF or CBMWTF		: District Headquarter Heavital C
	(iii) Address for Correspondence		 District Headquarter Hospital, Sonepur District Headquarter Hospital, Sonepur At: Jhupudipada, Po/Ps: Sonepur, Dist: Subarnapur, Pin: 767017
	(iv) Address of Facility		At: Jhupudipada, Po/Ps: Sonepur, Diet
1.	(v)Tel. No, Fax. No		Gubarriapur, Pin: 767017
	(vi) E-mail ID		9439987688
	(vii) URL of Website	:	Rks.sonepur@gmail.com
	(viii) GPS coordinates of HCF or CBMWTF		
		9 19	Not applicable
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Government): State Government
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Applied
	(xi). Status of Consents under Water Act and Air	:	Applied
	Type of Health Care Facility		
	(i) Bedded Hospital	<u> </u> :	
	(ii) Non-bedded hospital		No. of Bed: 300 Bedded
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	N/A
((iii) License number and its date of expiry		Applied
1	Details of CBMWTF		Applied
0	(i) Number healthcare facilities covered by CBMWTF		N/A
(1	ii) No of beds covered by CBMWTF		N/A
(i	ii) Installed treatment and disposal		
C	apacity of BMWTF:	:	N/A

	(iv) Quantity of biomedical waste tred	ated or					
	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)			14581.09 Kg			
4.				Yellow Categor	ry : 422.48 kg		
7.				Red Category White: 45.37 kg	: 540.43 kg		
				Blue Category	: 206.81 kg		
5	Details of the Storage, treatment, transportation, pr			General Solid waste: 18000 kg			
	Size : 430			ocessing and Disposal Facility :			
	(i) Details of the on-site storage facility		Size : 428 square feet Capacity : N/A				
	The state of the s	any other	Provision of on-site storage any other provision) : Cold Storage				
				. Cold Of	orage		
	(ii) Details of the treatment or disposal facilities	Type of treatmen equipmen	t or nt in	No of units	Capacity Kg/ day	Quantity treated disposed k per annum	
		Incinerato	r	0	0	0	
		Plasma paralysis Autoclave		0	0	0	
		(non-fun)		0	0	0	
		Microwave	9	0	0	0	
		Hydro-clav	/e	0	0	0	
		Shredder		0	0	0	
		Needle tip cutter or destroyer		50 nos			
		Sharp encapsulat n or concre pit	ete	0	0	0	
		Deep buria pits Chemical	!	0	0	0	
		disinfection		0	0	0	
		Any other treatment		0	0	0	
S	iii) Quantity of recyclable wastes old to authorized recyclers after reatment in kg per annum.	Red Catego	ry (li	ike plastic, glass	s etc.): Nil		
(i	v) No of vehicles used for collection and transportation of biomedical aste.	1					

	(v) Dotaile of in it	Quantity generated	Where disposal		
	(v) Details of incineration ash and ETP sludge generated and disposed	Incineration	CBWTF Renewable		
	during the treatment of wastes in Kg per annum	Ash	Envirogic Pvt. Ltd, Balangin Under construction		
		ETP Sludge			
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	Renewable Envirogic P	vt. Ltd, Bhubaneswar		
•	(vii) List of member HCF not handed over bio-medical waste.	Nil			
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.	2 batches			
	(ii) number of personnel trained	400 personnel			
	(iii) number of personnel trained at				
	the time of induction	50 personnel			
	(iv) number of personnel not undergone any training so far	Nil			
	(v) Whether standard manual for training is available?	Yes			
3	(vi) any other information)				
2	Details of the accident occurred	0			
	during the year	U	0		
	(i) Number of Accidents occurred	0			
	(ii) Number of the persons affected	0			
	(iii) Remedial Action taken (Please attach details if any)	Nil			
	(iv) Any Fatality occurred, details.				
	Are you meeting the standards of air	Nil			
	Pollution from the incinerator? How many times in last year could not meet the standards?	Nil			
	Details of Continuous online emission monitoring systems installed	N/A			
)	Liquid waste generated and treatment				
	methods in place. How many times you				
	have not met the standards in a year?	Under construction			

11	Is the disinfection method or sterilization meeting the log 4 Standards? How many times you have not met the standards in a year?	No
	Any other relevant information	: (Air Pollution Control Devices attached with the Incinerator): No

Certified that the above report is for the period from April 2024 to December-2024.

Name and Signature of the Head of the Institution

Date: Place