

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)	:	Medical officer CHC, Nathalput
	(ii) Name of HCF or CBMWTF	:	CHC, Nathalput
	(iii) Address for Correspondence	:	PO. Nathalput, Dist. Koraput
	(iv) Address of Facility	:	CHC, Nathalput
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	nhm-mathalput2018@gmail.com
	(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 10944 No.: 18/10/19 IND-IX-BW- 396 valid up to 31-3-24
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31-3-24
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 16 nos
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	16 nos.
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

during  
per annum  
(vi) Name  
Mest

(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 : 261 kg
		Red Category : 393 kg
		White: 9.400 kg
		Blue Category : 4300 gm
		General Solid waste: 630 kg

5 Details of the Storage, treatment, transportation, processing and Disposal Facility

(i) Details of the on-site storage facility	:	Size :
		Capacity :
		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 Plasma Pyrolysis ✓ Autoclaves Microwave Hydroclave Shredder ✓ Needle tip cutter or destroyer ✓ Sharps encapsulation or ✓ concrete pit ✓ Deep burial pits: Chemical disinfection: Any other treatment equipment:			01
				- 02	
				- 01	
				01	
				- 01	

(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)
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(iv) No of vehicles used for collection and transportation of biomedical waste : *out sourcing agency transportation from mathalpet to Korampal as per the agreement of district.*

(v) Details of incineration ash and ETP sludge generated and disposed	:	Quantity generated	Where disposed
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	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:
	(vii) List of member HCF not handed over bio-medical waste.	
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	04
	(i) Number of trainings conducted on BMW Management.	29
	(ii) number of personnel trained	29
	(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?	
	(vi) any other information)	
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	
	(ii) Number of the persons affected	
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details.	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	
	Details of Continuous online emission monitoring systems installed	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	
11	Is the disinfection method or sterilization meeting the log 4	

	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)

To be submitted to D...

Certified that the above report is for the period from

..... 1-1-2021 to 31-12-2021 .....

.....

.....

Date: 31/12/21  
 Place: CHC, Nathalput.

Name and Signature of the Head of the Institution

Dr. Suman Topno  
 MO/IC, CHC, Nathalput  
 Medical Officer incharge  
 C.H.C. Mathalput

**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)	:	Medical officer etc. Mathalput
	(ii) Name of HCF or CBMWTF	:	CHC, Mathalput
	(iii) Address for Correspondence	:	PO - Mathalput, Dist. Koraput
	(iv) Address of Facility	:	etc, Mathalput
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	nhm-mathalput2018@gmail.com
	(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 10944 No.: 18.10.19...IND...V...BW- 396...valid up to 31.3.24
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31-3-24
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: ... 16 nos
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

during the treatment of wastes in  
per annum  
(vi) Name of the Common Bio-  
Medical Waste Treatment Facility  
Operator through which wastes are  
disposed of  
(vii) List of members  
over bio-medical waste  
6

	(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)	:	<table border="1"> <tr> <td>Yellow Category</td> <td>: 193 kg</td> </tr> <tr> <td>Red Category</td> <td>: 362 kg</td> </tr> <tr> <td>White:</td> <td>9.200 kg</td> </tr> <tr> <td>Blue Category</td> <td>: 4200 gm</td> </tr> <tr> <td>General Solid waste:</td> <td>602 kg</td> </tr> </table>	Yellow Category	: 193 kg	Red Category	: 362 kg	White:	9.200 kg	Blue Category	: 4200 gm	General Solid waste:	602 kg																																						
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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.	04
	(ii) number of personnel trained	29
	(iii) number of personnel trained at the time of induction	27
	(iv) number of personnel not undergone any training so far	
	(v) whether standard manual for training is available?	
	(vi) any other information)	
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	
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9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	
	Details of Continuous online emission monitoring systems installed	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	
11	Is the disinfection method or sterilization meeting the log 4	

	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)

Certified that the above report is for the period from  
 ..... 1-01-2020 ..... to 31-12-2020  
 .....  
 .....

Date: 31/12/20  
 Place: CHC, Mathalput.

Name and Signature of the Head of the Institution  
 Dr. Papas Rajan Behera  
 Medical Officer  
 C.H.C. Mathalput

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	(i) Name of the authorised person (occupier or operator of facility)	:	Medical officer
	(ii) Name of HCF or CBMWTF	:	CHC, Mathalput
	(iii) Address for Correspondence	:	CHC, Mathalput
	(iv) Address of Facility	:	PO- mathalput, Dist. KPT
	(v) Tel. No, Fax. No	:	CHC, Mathalput
	(vi) E-mail ID	:	
	(vii) URL of Website	:	nhm.mathalput2018@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 10944 No.: 18/10/19 IND-IV-BW- 396 valid up to 31-3-2024
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31-03-2024
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 16 nos.
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

during the treat per annum  
 (vi) Name of the Medical Waste Treatment Operator through disposed of

	:	Kg/day																																																				
4. Quantity of biomedical waste treated or disposed by CBMWTF	:	Yellow Category : 189.500 kg Red Category : 253 kg White: 7200 kg Blue Category : 3600 gm General Solid waste: 560 kg																																																				
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	(vii) List of member HCF not handed over bio-medical waste.	
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.	04
	(ii) number of personnel trained	27
	(iii) number of personnel trained at the time of induction	27
	(iv) number of personnel not undergone any training so far	-
	(v) whether standard manual for training is available?	
	(vi) any other information)	
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	
	(ii) Number of the persons affected	
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details.	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	
	Details of Continuous online emission monitoring systems installed	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	
11	Is the disinfection method or sterilization meeting the log 4	

	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)

	standards? How many times you have not met the standards in a year?
12	Any other relevant information

Certified that the above report is for the period from

1-01-2019 to 31-12-2019

Name and Signature of the Head of the Institution

Dr. Sohan Nayak  
CNC, Mathalput.

Date: 31/12/2019  
Place: CNC, Mathalput.

	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)

Certified that the above report is for the period from  
 ..... 01-2019 to 31-12-2019 .....  
 .....  
 .....

*[Signature]*  
 Name and Signature of the Head of the Institution  
 Dr. Sohan Rajak  
 CHC, Mathaspat.

Date: 31/12/2019  
 Place: CHC, Mathaspat.

**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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	DR. BISWA RANJAN BHUYAN
	(ii) Name of HCF or CBMWTF	:	HCF
	(iii) Address for Correspondence	:	CHC MATHALPUT, AT/PO: DAMANJODI, Dist: KORAPUT-763008
	(iv) Address of Facility	:	SAME AS ABOVE
	(v) Tel. No, Fax. No	:	06853-253133
	(vi) E-mail ID	:	Chc.mathalput2018@gmail.com
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	State Government
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No: - 2446/SPCB/Authorization (Medical Waste), dated 21.02.2017, valid up to 31.03.2019.
(xi). Status of Consents under Water Act and Air Act	:		
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 16
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(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 : 15 Kg(Monthly)
		:	Red Category : 8 Kg(Monthly)
		:	White: 30 Kg(Monthly)
		:	Blue Category : 90 Kg(Monthly)
		:	General Solid waste: 120 Kg(Monthly)

Details of the Storage, treatment, transportation, processing and Disposal Facility

(i) Details of the facility	on-site storage	Size :	
		Capacity :	
		Provision of on-site storage : (cold storage or any other provision)	
(ii) Details of the disposal facilities	treatment or	Type of treatment equipment	No of Units
		Incinerators - 0 Plasma Pyrolysis - 0 Autoclaves - 1 Microwave - 0 Hydroclave - 0 Shredder - 1 Needle tip cutter or Destroyer - 2 Sharps encapsulation or concrete pit - 1 Deep burial pits: - 3 Chemical disinfection: - Any other treatment equipment:	
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category -	
(iv) No of vehicles used for collection and transportation of biomedical waste	:		
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity generated	Where disposed
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are	:	Incineration Ash ETP Sludge	
(vii) List of member HCF not handed over bio-medical waste.			
6 Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes, attached with this report	
7 Details trainings conducted on BMW			
(i) Number of trainings conducted on BMW Management.		2 batches	

	(ii) number of personnel trained	23
	(iii) number of personnel trained at the time of induction	0
	(iv) number of personnel not undergone any training so far	0
	(v) whether standard manual for training is available?	Yes
	(vi) any other information)	
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	0
	(ii) Number of the persons affected	0
	(iii) Remedial Action taken (Please attach details if any)	0
	(iv) Any Fatality occurred, details.	0
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Not Applicable
	Details of Continuous online emission monitoring systems installed	
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 standards? How many times you have not met the standards in a year?	
12	Any other relevant information	:

Certified that the above report is for the period from 01.01.2018 to 31.12.2018

*Am*  
06/05/19.

Dr. Biswa Ranjan Bhuyan

Medical Officer I/C

CHC Mathalput

(Name and Signature of the Head of the Institution)

Medical Officer Incharge

C.H.C. Mathalput

Date: 06/05/2019

Place: Mathalput

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**(See rule 13)**  
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1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Medical officer
	(ii) Name of HCF or CBMWTF	:	CHC, Mathalput
	(iii) Address for Correspondence	:	CHC, Mathalput
	(iv) Address of Facility	:	PO - Mathalput, Dist - Koraput
	(v) Tel. No, Fax. No	:	CHC, Mathalput
	(vi) E-mail ID	:	
	(vii) URL of Website	:	chc.mathalputaol@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 2046/SPCB No.: .....T.M.D.-1.V.-B.W.-396.. 21.2.17... valid up to 21.3.19
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31-3-19
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:..... 16 nos
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

during the treatment of waste in kg per annum  
(iv) Amount

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day																																																
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	
	(vii) List of member HCF not handed over bio-medical waste.	
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.	02
	(ii) number of personnel trained	23
	(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	
	(i) Number of Accidents occurred	
	(ii) Number of the persons affected	
	(iii) Remedial Action taken (Please attach details if any)	
	(iv) Any Fatality occurred, details.	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	
	Details of Continuous online emission monitoring systems installed	
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	
11	Is the disinfection method or sterilization meeting the log 4	

	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)

Certified that the above report is for the period from

1-1-2017 to 31-12-2017.

Name and Signature of the Head of the Institution

*[Handwritten Signature]*  
 Medical Officer Incharge  
 C.H.C. Mathalput

Date: 31/12/17.

Place: CHC, Mathalput.

**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)	:	Medical officer
	(ii) Name of HCF or CBMWTF	:	CHC, Mathalput.
	(iii) Address for Correspondence	:	CHC, Mathalput.
	(iv) Address of Facility	:	PO - Mathalput, Dist - Koppal.
	(v) Tel. No, Fax. No	:	CHC, Mathalput.
	(vi) E-mail ID	:	
	(vii) URL of Website	:	chcmathalput2018@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.: ..... .....valid up to .....
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2.	Type of Health Care Facility	:	
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	(iii) License number and its date of expiry		
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
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during  
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11	Is the disinfection method or sterilization meeting the log 4	

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12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

..... 1-1-2016 to 31-12-2016 .....

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Name and Signature of the Head of the Institution

*[Handwritten Signature]*  
 Medical Officer Incharge  
 C.H.C. Mathalput

Date: 2/12/16  
 Place: CHC, Mathalput.