



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)]

| Sr No: | Particulars | |
|--------|---|--|
| 1. | Particulars of the Occupier | |
| | (i) Name of the authorized person : | DR. Rajveer Singh |
| | (ii) Name of HCF or CBWTF : | BHILAI J.P. C EMENT LTD DISPENSARY |
| | (iii) Address for Correspondence : | VILLAGE POST. BABUPUR, , BABUPUR-485112, Dist: Satna, Tal: Raghurajnagar |
| | (iv) Address of Facility : | ,, Dist: - |
| | (v) Tel. No, Fax. No : | 9575303400 |
| | (vi) E-mail ID : | |
| | (vii) URL or Website : | |
| | (viii) GPS coordinates of HCF or CBWTF: | Leti: , Long: |
| | (ix) Ownership of HCF or CBWTF : | Private |
| | (x) Status of Authorization under BMW Rules: | Auth No: BMW-305546, Valid Upto: 7/28/2017 |
| | (xi) Status of Consent under Water, Air Act : | Consent No: , Valid Upto: |

Type of Health Care Facility

| | | | |
|---|--|--|--|
| 2 | (i) Bedded Hospital | 0 | |
| 2 | (ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | PCL-Private Clinic | |
| 2 | (iii) License number and its date of expiry | 305546(Out No.-11084) EXP ON 28.07.2017 | |

Quantity of waste generated or disposed in Kg per annum(on monthly average basis)

| | | | |
|---|-------------------------|--------|--|
| 4 | (i) Yellow Category | 40.34 | |
| 4 | (ii) Red Category | 39.34 | |
| 4 | (iii) White Category | 44.02 | |
| 4 | (iv) Blue Category | 4.500 | |
| 4 | (v) General Solid Waste | 10.000 | |

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

| | | | |
|---|---|--|--|
| 5 | (i) Details of the on-site storage facility | Generated BMW kept separately as per guidelines and hand over within permissible time to registered CWTF SATNA for disposal. | |
| 5 | (ii) Treatment Facility | ACT-Autoclaving, Chemical | |
| 5 | (iii) Quantity of recyclable waste sold to authorized recyclers after treatment in kg per annum. | 4.500 | |
| 5 | (iv) No. of vehicles used for collection and transportation of biomedical waste | 01 | |
| 5 | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum | N.A | |
| 5 | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of | NOT in Any/My CBWTF | |

BMW management committee

| | | | |
|---|--|-----|--|
| 6 | Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period | No. | |
|---|--|-----|--|



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Details trainings conducted on BMW

| | | | |
|---|--|-----|--|
| 7 | (i) Number of trainings conducted on BMW Management | 02 | |
| 7 | (ii) Number of Personnel trained | 06 | |
| 7 | (iii) Number of personnel trained at the time of induction | 0 | |
| 7 | (iv) Number of personnel not undergone any training so far | 0 | |
| 7 | (v) Whether standard manual for training is available | Yes | |
| 7 | (vi) Any other information | NA | |

Details of the accident occurred during the year

| | | | |
|---|--|---|--|
| 8 | (i) Number of Accident occurred | 0 | |
| 8 | (ii) Number of the persons affected | 0 | |
| 8 | (iii) Remedial Action taken (Please attach details if any) | 0 | |
| 8 | (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? | Yes | incinerator not applicable |
| 9 | 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 | 0 | |
| 11 | Is the disinfection method or sterilization meeting the log 4 standards ? How many times you have not met the standards in a year ? | Yes | standard applicable method being followed. |
| 12 | Any other relevant information | NA | |

Certified that the above report is for the period from

Date:

Name and Sign of The Head of HCF

Place: