

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 authorized person (occupier or Operator of facility). (ii) Name of HCF or CBMWTF (iii) Address for Correspondence (iv) Address of Facility (v) Tel. No, Fax. No. (vi) E-mail ID (vii) URL of Website (viii) GPS coordinates of HCF or CBMTF (ix) Ownership of HCF or CBMWTF (x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules (xi) Status of Consents under Water Act and Air Act.
	Dr. Achuinaa Golmai Sr. MO 1/c CHC Awang Sekmai Awang Sekmai Makha Keikai CHC Awang Sekmai 1/W 9862 003192 Sekmai CHC @ gmail.com 24.9369794, 93.8788782 (State Government or Private or Semi Govt. or any other) Authorisation No.: 262/2019 valid up to 15/09/2024
2.	Type of Health Care Facility (i) Bedded Hospital (ii) Non-bedded hospital (Clinical 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

	(iv) Quantity of biomedical waste treated or disposed		
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	: Yellow Category : Red Category : White : Blue Category : General Solid Waste :	
5.	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	Size : 4' x 12' x 7' Capacity : 2 weeks 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	<p>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 :</p> <p>Sodium Hypochloride treatment + effluent treatment plan</p>
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum.	Red Category (like plastic, glass etc.) 5 kg	
	(iv) No. of vehicles used for Collection and transportation of Biomedical waste	1.	
	(v) Details of incinerated ash and And disposed	Quantity generated	Where disposed

	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	Shiger CBMWTF Langtang Imperial
	(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 times / yr
	(ii) number of personnel trained	All staffs
	(iii) number of personnel trained at the time of induction	10
	(iv) number of personnel not undergone any training so far	Nil
	(v) whether standard manual for training is available?	Available
	(vi) any other information	
8.	Details of the accident occurred during the year	Nil
	(i) Number of Accidents occurred	Nil
	(ii) Number of the persons affected	Nil
	(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?	Not applicable
	Details of Continuous online emission monitoring systems installed	X
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	✓

12.	standards? How many times you have not met the standards in a year? Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)
-----	---	---

Certified that the above report is for the period from

Jan 2023 - Dec 2023



Name and Signature of Head of the Institution

Date : 05/05/2024

Dr. Achmira Golmei

Place : C H e Sekmai

Sr. No. 17
Community Health Center
Awang Sekmai