(See rule 13) ANNUAL REPORT

| Sl.no | Particulars | | |
|--------|---|--|--|
| 1 | Particulars of the Occupier | | |
| | (i) Name of the authorised person | District Medical Superintendent Lawngle | |
| | (occupier or operator of facility) | | |
| | (ii) Name of HCF or CBMWTF | District Hospital Laungliai | |
| | (iii) Address for Correspondence | District Medical Superintendent Lawrellai | |
| | (iv) Address of Facility | Electrie Veng Lowngliai | |
| а | (v)Tel. No, Fax. No | Electric Veng Lowngliai | |
| | (vi) E-mail ID | dons laurgliai @ 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 | Authorisation No. | |
| 2 | Bio-Medical Waste (Management and | No. H 88088 Polly (2) (2009 - MPCB Dt 07.05. 90 | |
| | Handling) Rules | valid up to | |
| ě | (xi). Status of Consents under Water Act | Valid up to: | |
| | and Air Act | | |
| 2 | Type of Health Care Facility | No. of Beds 30 · Loeds. | |
| | (i) Bedded Hospital | <u> </u> | |
| | (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 | NA | |
| | (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 by CBMWTF | | |
| 4 | Quantity of waste generated or disposed | Yellow Category 3600 Kg. | |
| | in Kg per annum (on monthly average | . V | |
| | basis) | Red Category 1080 Kg | |
| | | 0 | |
| v B | . , | White 360 kg | |
| | | Blue Category 1800 kg | |
| | | General Solid waste 7 200 kg. | |
| | | 1200 19 | |

| (i) Details of the on-site storage facility | Capacity Provision of on-site storage (cold storage or any other provision) | 8t x 5.8 ft x 6 ft 700 kg | | | | | | | |
|---|--|------------------------------|----------|--------|--|------------------------------|-----------------|--------------------|-------------------------------------|
| | | | | | (ii) Details of the treatment or disposal facilities | Type of treatment/ equipment | No of Unit's | Capacity Kg/day | Quantity Treated/dispersed in kg/yr |
| | | | | | | Incinerators | _ | | |
| * | Plasma Pyrolysis | _ | | | | | | | |
| * * | Autoclaves | | | | | | | | |
| 4 | Microwave | - | | | | | | | |
| | Hydroclave | _ | | | | | | | |
| | Shredder | _ | | * | | | | | |
| | Needle tip cutter or destroyer | 14 | 1Kg | 365 kg | | | | | |
| | Sharps /encapsulation or concrete pit | 1 | 6 Kg | 1095 K | | | | | |
| | Deep burial pits. | | 10 kg | 3650 1 | | | | | |
| | Chemical disinfection | | 0 | | | | | | |
| v . | Any other treatment /equipment | _ | E | | | | | | |
| (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 | LADC. Socilation | Dept Th | rice a c | veek. | | | | | |
| (v) Details of incineration ash and ETP | | Quantity | ν | Vhere | | | | | |
| sludge generated and disposed during | | generated | di | sposed | | | | | |
| the treatment of wastes in Kg per annum | Incineration | | | | | | | | |
| | Ash | | | | | | | | |
| | ETP Sludge | 360 kg | Dumpe | d | | | | | |
| (vi) Name of the Common Bio- Medical | | 0 1 | | | | | | | |
| Waste Treatment FacilityOperator | James Lalbawiha | | | | | | | | |
| through which wastes are disposed of | - Connes | | ц | | | | | | |
| vii) List of member HCF not handed over | 2 | | | | | | | | |
| pio-medical waste. | _ | | | | | | | | |
| Do you have bio-medical waste | | | | | | | | | |
| nanagement committee? If yes, attach | Yes, Attached | | | | | | | | |
| ninutes of the meetings held during the | PATILOCKE | | | | | | | | |
| eporting period | | | | | | | | | |

| 7 | Details trainings conducted on BMW | |
|-------|--|--|
| | (i) Number of trainings conducted on | |
| | BMW Management. | 5 |
| | (ii) number of personnel trained | 60 |
| | (iii) number of personnel trained at the | |
| | time of induction | 60 |
| | (iv) number of personnel not | |
| | undergone any training so far | 4. |
| | (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 | · Y |
| | methods in place. How many times you | Yes. |
| 11 | have not met the standards in a year? | a * |
| 11 | Is the disinfection method or | |
| | sterilization meeting the log 4standards? | Yes |
| | How many times you have not met the | |
| 12 | standards in a year? | |
| 14 | Any other relevant information | (Air Pollution Control Devices attached with the |
| Certi | fied that the char | Incinerator) |
| from | fied that the above report is for the period | 3 10 9 10 |
| | | 2018-2019. |

(Name and Signature of the Head of the Institution)