

FORM II

[see rule- 10 of the Bio-medical Waste (Management & Handling) (Amendment) Rules, 2000]

ANNUAL REPORT

(To be submitted to the prescribed authority by 31 January every year)

1. Particulars of the applicant

(i) Name of the authorized person (occupier/operator) : CHANDRIKA SAHOO

(ii) Name & address of the institution : SUPERINTENDENT, SUB-DIVISIONAL HOSPITAL, ANANDAPUR

Telex No. ....

Fax No. ....

2. Category of waste (as per Schedule-I of the Rule) generated and quantity on a monthly average basis :

| Category       | Waste Quantity | Category        | Waste Quantity |
|----------------|----------------|-----------------|----------------|
| Category No. 1 | 269.99 Kg.     | Category No. 6  | 64.13 Kg.      |
| Category No. 2 | NIL Kg.        | Category No. 7  | 783.87 Kg.     |
| Category No. 3 | 11.78 Kg.      | Category No. 8  | 161502.75 Ltr. |
| Category No. 4 | 93.51 Kg.      | Category No. 9  | NIL Kg.        |
| Category No. 5 | NIL Kg.        | Category No. 10 | 84.41 Kg.      |

Note: all quantities to be given in kg/month, except Category No. 8, which will be in ltrs./month

3. Brief details of the treatment facility :

In case off-site facility :

(i) Name of the Operator .....

(ii) Name and Address of the facility : .....

Tel. No. , Telex No., Fax No. ....

4. Category-wise quantity of waste treated :

i) Incineration/Burial (Yellow bag) : 19 kg/month

ii) Autoclave/Microwave (Blue bag) : 15 kg/month

5. Mode of treatment with details :

Autoclaving & Shredding

6. Any other information :

7. Certified that the above report is for the period from January-2019 to December-2019

Date : 24.01.2020

Place : Anandapur, Keonjhar

Signature :

Designation :

Signature of Superintendent, Sub-Divisional Hospital, Anandapur, Keonjhar