

FORM-II
(See Rule-10)
ANNUAL REPORT

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

1. Particulars of the applicant
- (i) Name of the authorized person: MOI/C Padmapur CHC
(Occupier/operator)
- (ii) Name of the institution: Padmapur CHC
Address: Koonihar
Tel. No. _____
Telex No. _____
Fax No. _____
2. Categories of waste generated: Microbiology & biotechnology
and quantity on a monthly average basis
waste - 1.5 kgs/m
waste sharps - 1 kg/m
waste solid - 5 kg/m
liquid waste - 7 liter/m
3. Brief details of the treatment facility
In case off-site facility
- i) Name of the operator: Hub - cutter
Autoclave, Sharps pit, Deep burial pit
- ii) Name and address of the: Padmapur CHC, Koonihar
facility
E.I.D. - b.p.m.c. padmapur@gmail.
Tel. No., Telex No., Fax No.: 91439998890
4. Category-wise quantity of waste treated:
Microbiology & biotechnology
waste, waste sharps, solid waste,
liquid waste.
5. Mode of treatment with details: Hub cutter
treated with Na hypochloride solution and
disposal to sharps pit.

6. Any other information:

Certified that the above report is for the period from Jan - 2016 to Dec 2016

Date 21/7/17

Place Padmapur CHC

Signature

Designation

21/07/17
Medical Officer
Padmapur CHC
Koonihar