

FORM-II  
(See Rule-10)  
ANNUAL REPORT

(To be submitted to the prescribed authority by 31<sup>st</sup> January every year)

1. Particulars of the applicant

(i) Name of the authorized person: M.O. Dr. Padmapur CHC  
(Occupier/operator)  
(ii) Name of the institution: Padmapur CHC  
Address: Keonjhar  
Tel. No.  
Telex No.  
Fax No.

2. Categories of waste generated:  
and quantity on a monthly  
average basis

Microbiology & biotechnology  
waste - 1.5 kg/month  
waste sharp - 1 kg/m  
waste solid - 5 kg/m  
liquid waste - 7 ltr/m

3. Brief details of the treatment  
facility

In case off-site facility

i) Name of the operator: Hub-cutter, Autoclave, Sharppit, Deep burial pit  
ii) Name and address of the facility: Padmapur CHC, Keonjhar  
EID - padampur.bpmn@gmail.com  
8249081201  
Tel. No., Telex No., Fax No.:

4. Category-wise quantity of waste treated:

Microbiology & biotechnology  
waste, waste sharp, solid waste,  
liquid waste.

5. Mode of treatment with details: Hub cutter

Treated with Na hypochloride solution and  
disposed to sharp pit.

6. Any other information:

Certified that the above report is for the period from Jan-2017 to Dec-2017

Date: 26/3/18

Signature

Designation

Place: Padmapur CHC

26/03/18  
Medical Officer I/C  
Padmapur CHC  
Keonjhar