



Letter No. 388.../BPMU,

Dt- 28/6/21

To
Member Secretary
State Pollution Control Board,
Odisha, Bhubaneswar

Sub: Subission of BMW Annual Report for the Year 2021-22.

Sir,

Withrefereneec to the subject cited above, I am submitting herewith the annual report on BMWM activitites of CHC Dhamnagar, dist-Bhadrak for the year- 2020/21 as per the approved format.

Yours faithfully

SUPERIENTENDENT
CHC DHAMNAGAR

SUPERINTENDENT
C.H.C. DHAMNAGAR
DIST-BHADRAK

Memo No. 389.../BPMU,

Dt... 28/6/21.

- Copy submitted to the Regional Office ,Baleswar for information.
- Copy submitted to the CDM & PHO, Bhadrak for information.


SUPERIENTENDENT
CHC DHAMNAGAR

SUPERINTENDENT
C.H.C. DHAMNAGAR
DIST-BHADRAK

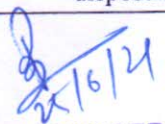
Form - IV
(See rule 13)
ANNUAL REPORT

[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	:	Medical officer I/c
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Rajdeep Tripathy
	(ii) Name of HCF or CBMWTF	:	CHC, Dhamnagar.
	(iii) Address for Correspondence	:	MO I/c CHC Dhamnagar.
	(iv) Address of Facility	:	CHC Dhamnagar.
	(v) Tel. No, Fax. No	:	9853007100
	(vi) E-mail ID	:	bpmudhamnagar@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 Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 6724/SPCB/IND-IV-BW-477/07.20.4.21...valid up to 31.3.2025
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:..... 30
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	6724/SPCB/IND-IV-BW-477/31.3.25
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	0
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day


 MEDICAL OFFICER I/C
 C.H.C.DHAMNAGAR
 DIST. BHADRAK

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day																																																				
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 38.5 kg X 12 = 462 kg Red Category : 27 kg X 12 = 324 kg White: 850 gm X 12 = 10200 gm Blue Category : 49 kg X 12 = 588 kg General Solid waste: 73 kg X 12 = 876 kg																																																				
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																						
	(i) Details of the on-site storage facility	:	Size : 40x25 F.T Capacity : 300 tons Provision of on-site storage : (cold storage or any other provision)																																																				
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>✓ Incinerators</td> <td>9</td> <td>7kg</td> <td>2555</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>✓ Autoclaves</td> <td>3</td> <td>40 gm.</td> <td>14.608 gm.</td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>✓ Needle tip cutter or destroyer</td> <td>6</td> <td>600 gm.</td> <td>21.9 kg.</td> </tr> <tr> <td>Sharps</td> <td></td> <td></td> <td></td> </tr> <tr> <td>✓ Encapsulation or concrete pit</td> <td>8</td> <td>120 gm.</td> <td>43.800 gm.</td> </tr> <tr> <td>✓ Deep burial pits:</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>✓ Chemical disinfection:</td> <td>4</td> <td>10 ml</td> <td>3.6 ltr.</td> </tr> <tr> <td>Any other treatment equipment:</td> <td>8</td> <td>2 kg</td> <td>730 kg.</td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity	Quantity treated or disposed in kg per annum	✓ Incinerators	9	7kg	2555	Plasma Pyrolysis				✓ Autoclaves	3	40 gm.	14.608 gm.	Microwave				Hydroclave				Shredder				✓ Needle tip cutter or destroyer	6	600 gm.	21.9 kg.	Sharps				✓ Encapsulation or concrete pit	8	120 gm.	43.800 gm.	✓ Deep burial pits:	NA	NA	NA	✓ Chemical disinfection:	4	10 ml	3.6 ltr.	Any other treatment equipment:	8	2 kg	730 kg.
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) NA																																																				
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	one																																																				
	(v) Details of incineration ash and ETP sludge generated and disposed	:	Quantity generated : 0 Where disposed : 0																																																				


 2/16/24
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	during the treatment of wastes in Kg per annum	Incineration Ash ETP Sludge	0
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		NA
	(vii) List of member HCF not handed over bio-medical waste.		NA
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
	(ii) number of personnel trained		47
	(iii) number of personnel trained at the time of induction		47
	(iv) number of personnel not undergone any training so far		0
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		through leaflet & poster
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		0
	(ii) Number of the persons affected		0
	(iii) Remedial Action taken (Please attach details if any)		NA
	(iv) Any Fatality occurred, details.		NA
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA
	Details of Continuous online emission monitoring systems installed		NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		0
11	Is the disinfection method or sterilization meeting the log 4		NA


 25/10/20
 MEDICAL OFFICER I/C
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 DIST-DHANSUK

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

Certified that the above report is for the period from

01-01-2020 to 31-12-21

The acknowledgement given by me is true to the best of my knowledge & facts.

Name and Signature of the Head of the Institution

[Handwritten Signature]
25/6/21

Date: 25/6/2021
Place: CHC Dhamnagar.

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