## From –IV (See rule 13) Annual Report

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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)]

| SI. No | Particulars   |         |   |
|--------|---|---------|---|
| 1.     | Particulars of the Occupier   | :       | SUPERINTENDENT, CHC Dhamnagar   |
|        | (i) Name of the authorized person (occupier or operator of facility)  | :       | Dr. Manmaya Kumar Samantasinghar Superintendent, CHC Dhamnagar, Dist- Bhadrak |
|        | (ii) Name of HCF or CBMWTF  | :       | CHC Dhamnagar, Dist- Bhadrak  |
|        | (iii) Address for Correspondence  | :       | CHC Dhamnagar, Dist- Bhadrak  |
|        | (i) Address of Facility   |         | CHC Dhamnagar, Pin-756117, Dist- Bhadrak                                      |
|        | (ii) Tel. No. Fax. No.  | :       | 9439994522  |
|        | (V) E-mail ID   |         | bpmudhamnagar@gmail.com   |
|        | (i) URL of Website  | :       | http://chcdhamnagar.in/   |
|        | (ii) GPS coordinates of HCF of CBMWTF   |         | Not Applicable  |
|        | (iii) Ownership of HCF of CBMWTF  |         | (State Government of Private or Semi Govt. or any other): State Government    |
|        | (iv) Status of Authorization under the Bio-Medical Waste (Management and Handing) Rules.  | :       | Authorization No.6724/ IND-IV-BW-477<br>Valid up to- 31/03/2025               |
|        | (v) Status of Consents under Water Act and Air Act.   | :       | Valid up to: Applied  |
| 2.     | Type of Health Care Facility  | :       |   |
|        | (i) Bedded Hospital   | :       | Yes<br>No of Bed- 30  |
|        | (ii) Non-Bedded Hospital<br>(Clinic or Blood Bank or Clinical<br>Laboratory or Research Institute or<br>Veterinary Hospital or any other) | :       | NA  |
|        | (iii) License number and its date of expiry.  | :       | 6724/ IND-IV-BW-477<br>Valid up to- 31/03/2025                                |
| 3.     | Details if CBMWTF   |         | NA  |
|        | (i) Number healthcare facilities covered by CBMWTF  |         | NA  |
|        | (ii) No. of beds covered by CBMWTF  | :       | NA  |
|        | (iii) Installed treatment and disposal capacity of CBMWTF   | •       | NA  |
|        | (iv) Quantity of biomedical waste treated or disposal by CBMWTF   |         | NA  |
| 4.     | Quantity of waste generated or disposed in Kg per annum (on monthly average   |         | Yellow category:-568.23 kg per annum  |
|        | basis)  |         | Red Category:- 411.9 kg per annum   |
|        |   |         | White:-162 kg per annum   |
|        |   |         | Blue Category:-873 kg per annum   |
|        |   |         | General Solid waste:- 1784 kg per annum                                       |
| 5.     | Details of the Storage , treatment, transport   | ation n | rocessing and Disposal Facility   |

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|  | (i) Details of the on-site storage facility   | i:  | Size :- 450 sq ft  |  |
|--|---|-----|--|--|
|  |   |     | Capacity:- 10 ton  |  |
|  |   |     | Provision of on-site storage : (cold storage or any            |  |
|  |   | - " | other provision)   |  |
|  | (ii) Disposal Facilities  | :   | Type of No of Capacity Quantity treatment Units Kg/day treater |  |
|  |   |     | or Equipment disposed  |  |
|  |   |     | In Kg per  |  |
|  |   |     | Annum  |  |
|  |   |     | Incinerators -0 0 0  |  |
|  |   |     | Plasma Paralysis - 0 0 0<br>Autoclaves(fun) - 1 .40 14.400     |  |
|  |   |     | Autoclaves(fun) -1 .40 14.400<br>Microwave -0 0 0              |  |
|  |   |     | Hydroclave - 0 0 0   |  |
|  |   |     | Shredder( fun) - 0 0 0   |  |
|  |   |     | Needle tip cutter or -5 needle cutter and needle destroyer     |  |
|  |   |     | destroyer destroyer<br>Sharps                                  |  |
|  |   |     | encapsulation or   |  |
|  |   |     | concrete pit -2 800  |  |
|  |   |     | Deep Burial pits: -1 500<br>Chemical                           |  |
|  |   |     | disinfection: -0 0 0   |  |
|  |   |     | Any other treatment - NA equipment:                            |  |
|  | (iii) Quantity of recyclable wastes sold to   | :   | Category (like plastic, glass etc.)                            |  |
|  | authorize recyclers after treatment in kg per annum.  |     | Plastics (Red): Nil  |  |
|  |   |     | Glass (Blue):0 kg per annum                                    |  |
|  | (iv) No of vehicles used for collection and transportation of biomedical waste.                         |     | 1  |  |
|  | (v) Details of incineration ash and ETP sludge generated and disposal                                   |     | Quantity Generated Where disposal                              |  |
|  | during the treatment of wastes in   |     | Incineration:- 0   |  |
|  | Kg per annum)   |     | Ash:- 0  |  |
|  | (vi) Nome of the Co   |     | ETP Sludge:- 0   |  |
|  | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed | •   | Don't have any   |  |
|  | of  |     |  |  |
|  | (vii) List of member HCF not handed over bio-medical waste.   |     | 0  |  |
|  | Do you have bio-medical waste   | :   | Yes  |  |
|  | management committee? If yes, attach minutes of the meetings held during the reporting period.          |     |  |  |
|  | Detail trainings conducted on BMW   |     |  |  |
|  | (i) Number of training conducted on BMW Management.   |     | 2 batches  |  |
|  | (ii) Number of personnel trained  |     | 47   |  |

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|     | (iii) Number of personnel trained at the time of induction  | 47                             |
|-----|---|--------------------------------|
|     | (iv) Number of personnel not had 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 meet the standards?    | No incinerator                 |
|     | 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.                   | Low cost waste water treatment |
| 11. | If the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year? | NA                             |
| 12. | Any other relevant information  | NA                             |

Certified that the above report is Annual report for the year 2022(January 2022 to December 2022).

Date: 26/06/2023

Place: CHC Dhamnagar

Name and Signature of the Head of the Institution

Superintendent CHC Dhamnagar, Dist-Bhadrak