## FFICE OF THE SUPERINTENDENT, CHC- MUNICIPENTHO, GANJAM.



## (Block Programme Management Unit) Dept. of Health & Family Welfare, Govt. of Odisha.

Email-municipenthobpmubackupl@gmail.com

To,

Letter No.

The Regional Officer Regional pollution control board, Berhampur.

Sub: Submission Annual Report of CHC Municipentho, Chatrapur block

Sir,

I am submitting here with the annual report for the year 2022-23 of CHC Municipentho of Chatrapur block as per form –IV.

This is for your kind information and necessary action.

Memo No. **BPMU/NHM** 

Copy submitted to CDM&PHO, Ganjam for information

Superintendent

CHC-Municipentho CHC, Municipentho (Gm.)

Date: 31-05

Dated:

Superintendent

## 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)]

SI.	Particulars		
No.	_		Dr. Chumphkasha mahaproto
1	Particulars of the Occupier	:	Tor Soumyvkanta mahapata
	(i) Name of the authorized person (occupier	:	HCF
	or : operator of facility)		FICE
	(ii) Name of HCF or CBMWTF	:	2011/2017/40
	(iii) Address for Correspondence	:	ATIPO - MUNICIPENTHO CHE MUNICIPENTHO
	(iv) Address of Facility	:	CHE municipentho
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	- 1 C
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-	:	Authorisation No.: 9047
	Medical		
	Waste (Management and Handling) Rules		Valid upto: 31.03.2024
	(xi). Status of Consents under Water Act and	:	Valid upto:
	Air		
	Act		1000
2	Type of Health Care Facility	:	Common facility member
_	(i) Bedded Hospital	:	No. of Beds: 16
	(ii) Non-bedded hospital	:	
	Clinical Laboratory or Research Institute or		
	Veterinary Hospital or any other)		
	(iii) License number and its date of expiry	:	
3	Details of CBMWTF	:	
	(i) Number of health care facilities	:	$\mathcal{D}$ 1
	covered by CBMWTF		
	(ii) No. of Beds covered by CBMWTF	:	1.00
	(iii) Installed treatment and disposal	:	l 8Kg / day
	capacity of CBMWTF;		
	(iv) Quantity of bio medical waste	:	<u> </u>
	treated or disposed by CBMWTF		W. W. C. Assessor A. C. E. M. C.
4	Quantity of waste generated or disposed in	:	Yellow Category: 65 kg
	Kg per Annum (on monthly average basis)		Red Category: 37Kg
			White: Lakg
			Blue Category: 07 kg
			General Solid Waste: 12 Kg
5	Details of the Storage, Treatment, Transporta	tion, Pr	ocessing and Disposal Facility
	(i) Details of the on-site storage	:	Size:

		facility		Capacity:				
	,,		Provision of on-site storage: (Cold storage or					
				any other prov				
	(ii)	Disposal facilities		Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treatedor disposed in kg y per annum	
				Incinerators				
				Plasma				
				Pyrolysis				
				Autoclaves	61	25 Lif		
				Microwave				
				Hydroclave				
				Shredder				
				Needle tip				
			cutter or	03	3050	)		
				destroyer				
				Sharps				
				Encapsulation or concrete				
				pit				
				Deep burial		3K9		
				pits	01	SCJ	,	
				Chemical	1	V		
				disinfection:	)			
				Any other				
				treatment				
				equipment:				
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:		ike plastic, glass, etc.)			
	(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:		o Toolly -01		-0)	
	(v)	Details of incineration ash and			Quant	,	Vhere	
	ETP sludge generated and disposed during the treatment of wastes in Kg per annum	ETP sludge generated and			Gener	ated c	lisposed	
				Incineration				
			Ash					
				ETP Sludge				
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of						
	(vii)	List of member HCF not handed over bio-medical waste.						
6	managen minutes o	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Ye	8.	NCOL		

	Land of DAMM	<b>A</b>		
	Details trainings conducted on BMW			
	(i) Number of trainings conducted			
	on BMW Management			
	(ii) Number of personnel trained	Assert		
	(iii) Number of personnel trained at	_		
/	the time of induction			
	(iv) Number of personnel not			
	undergone any training so far			
	(v) Whether standard manual for			
	training is available?			
8	Details of the accident occurred during the	-NO-		
	year			
	(i) Number of Accidents occurred			
	(ii) Number of persons affected			
	(iii) Remedial Action taken (Please			
	attach details if any)			
	(iv) Any Fatality occurred, details			
9	Are you meeting the standards of air	NA		
	Pollution from the incinerator? How	(14)		
	many times in last year could not met			
	the standards?			
	Details of Continuous online emission			
	monitoring systems installed	h-1 m		
10	Liquid waste generated and treatment	in hyperclosed Solution following dichmento sport		
	methods in place. How many times you	in hypercional colution follows		
	have not met the standards in a year?	dichrife to Sport		
11	Is the disinfection method or	1		
	sterilization meeting the log 4	- Yes-		
	standards? How many times you have not			
	met the standards in a year?	(Air Pollution Control Devices attached with		
12	Any other relevant information	the Incinerator)		
		the intinerator)		

Certified that the above report is for the period from								
01-04-2022 to 31.03.	<i>202</i> 3							
	Juny							

Name and Signature of the Head of the Institution

Superintendent CHC, Municipentho (Gm.)

Date: 31-05-2023
Place: CHE municipentho: