

Form - IV
(See rule 13)

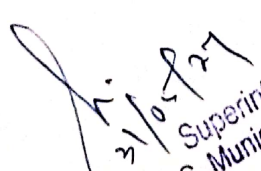
ANNUAL REPORT

[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)]

Sr. No	Particulars		
		Dr. Swadhin Rath	
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	HCF
	(ii) Name of HCF or CBMWTF		
	(iii) Address for Correspondence	:	At / PO- Municipetho
	(iv) Address of Facility		CHC Municipetho
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	
	(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.: 90M7 Renewal Appliedvalid up to 31/8/24
(xi). Status of Consents under Water Act and Air Act	:	Valid up to:	
2.	Type of Health Care Facility	:	Community Health Center
	(i) Bedded Hospital	:	No. of Beds: 16
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry		
3.	Details of CBMWTF	:	

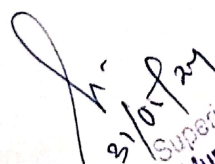
3/05/24
Superintendent
CHC, Municipetho (Gm.)

	(i) Number healthcare facilities covered by CBMWTF	:	01																												
	(ii) Number healthcare facilities covered by CBMWTF	:																													
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	21 Kg per day																												
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	6.2 Kg/day																												
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 83 kg Red Category : 47 kg White: 17 kg Blue Category : 10 kg General Solid waste: 14 kg																												
Details of the Storage, treatment, transportation, processing and Disposal Facility																															
5.	(i) Details of the on-site storage facility	:	Size :																												
		:	Capacity :																												
		:	Provision of on-site storage : (cold storage or any other provision)																												
	(ii) disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity Treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators Plasma Pyrolysis Autoclaves</td> <td>01</td> <td>15 lit</td> <td></td> </tr> <tr> <td>Microwave Hydroclave Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer Sharps encapsulation or concrete pit</td> <td>03</td> <td>30gm</td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td>01</td> <td>3kg</td> <td></td> </tr> <tr> <td>Chemical Disinfection:</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity Treated or disposed in kg per annum	Incinerators Plasma Pyrolysis Autoclaves	01	15 lit		Microwave Hydroclave Shredder				Needle tip cutter or destroyer Sharps encapsulation or concrete pit	03	30gm		Deep burial pits:	01	3kg		Chemical Disinfection:	1			Any other treatment equipment:			
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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.) 390 kg									
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	Hand-traily - 01									
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table border="1"> <thead> <tr> <th></th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>		Quantity generated	Where disposed	Incineration Ash			ETP Sludge		
	Quantity generated	Where disposed										
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.	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		No									
	(i) Number of trainings conducted on BMW Management.		-									
	(ii) number of personnel trained		-									
	(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?		-									
	(vi) any other information)		-									
8.	Details of the accident occurred during the year		No									
	(i) Number of Accidents occurred		-									
	(ii) Number of the persons affected		-									
	(iii) Remedial Action taken (Please attach details if any)		-									
	(iv) Any Fatality occurred, details.		-									
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		N/A									
	Details of Continuous online emission monitoring systems installed		-									


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10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Liquid waste are treated in hypochloride solution discharge with spnit
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	- yes -
12.	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

.....
 01.04.2023 to 31.03.2024

Date: 31/05/24

Place CHC Municipenlho

Name and Signature of the Head of the Institution
 CHC, Municipenlho (GM)

OFFICE OF THE SUPERINTENDENT, CHC- MUNICIPALTHO, GANJAM.



Dept. of Health & Family Welfare, Govt. of Odisha.
Email-municipipenthobpmbackup2@gmail.com

Letter No. 293

Dated: 31/05/24

To,

The Regional Officer
Regional pollution control board, Berhampur.

Sub: Submission Annual Report of CHC Municipalpenth, Chatrapur block

Sir,

I am submitting here with the annual report for the year 23-24 of CHC Municipalpenth of Chatrapur block as per form -IV.

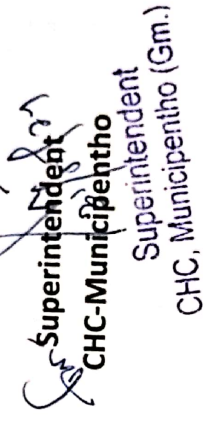
This is for your kind information and necessary action.


Superintendent
CHC-Municipipenth

Memo No. 294 BPMU/NHM

Copy submitted to CDM&PHO, Ganjam for information

Superintendent
DATE: Municipal Ho / GM 31/24


Superintendent
CHC-Municipipenth
Superintendent (Gm.)
CHC, Municipalpenth (Gm.)