



OFFICE OF THE SUPERINTENDENT CHC Khanddeuli, GM



AT/PO: KHANDADEULI, DIST.: GANJAM, STATE: ODISHA, PIN-761028

E Mail: khandadeulinrh1@gmail.com

Letter No. 281/BPMU

Date. 19.6.23

To

The pollution control board,

Berhampur

Sub:-submission of BMW annual report for the year 2022-23.

Sir,

With reference to the subject cited above, I am hereby submitting the BMW annual report for the year 2022-23 of CHC Khandadeuli.

This is for your information and necessary action at your end.

Yours Faithfully

for 19.6.23

Superintendent
CHC Khandadeuli, Gm

Memo No. 282/BPMU Date. 19.6.23

Copy to CDM & PHO, Ganjam for information and necessary action

for 19.6.23

Superintendent
CHC Khandadeuli, Gm



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		
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. SUMYAKANTA MAHADEVA
	(ii) Name of HCF or CBMWTF	:	Superintendent, CMC Khondadeuli
	(iii) Address for Correspondence	:	CMC KHANDEDEULI
	(iv) Address of Facility	:	At/Post Khondadeuli, Baramba, Guntur
	(v) Tel. No, Fax, No	:	CMC Khondadeuli
	(vi) E-mail ID	:	9439983138
	(vii) URL of Website	:	Khondadeulinchm@gmail.com
	(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 Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 1094/SPO/Authorization 1094 Valid upto: 31-03-2024
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: 31-03-2024
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 06
	(ii) Non-bedded hospital	:	
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other	:	- NA -
	(iii) License number and its date of expiry	:	
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	03
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	4.600 Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	4.600 Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 622 Kgs. Red Category: 165 Kgs. White: 68 Kgs. Blue Category: 72 Kgs. General Solid Waste: 927 Kgs.
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage	:	Size:

facility	(ii) Disposal facilities	Capacity: Provision of on-site storage: (Cold storage or any other provision)				Quantity Treated or disposed in kg per annum
		Type of treatment equipment	No of Units	Capacity Kg/day		
		Incinerators				
		Plasma				
		Pyrolysis				
		Autoclaves				
		Microwave				
		Hydroclave				
		Shredder				
		Needle tip cutter or destroyer				
		Sharps				
		Encapsulation or concrete pit				
		Deep burial pits				98000
		Chemical disinfection:				
		Any other treatment equipment:				
		Red Category (like plastic, glass, etc.)				
		No				
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum					
	(iv) No. of Vehicles used for collection and transportation of biomedical waste					
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum					
	(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		
	(i) Number of trainings conducted on BMW Management		Two
	(ii) Number of personnel trained		25
	(iii) Number of personnel trained at the time of induction		15
	(iv) Number of personnel not undergone any training so far		ONE
	(v) Whether standard manual for training is available?		yes
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		No
	(ii) Number of persons affected		No
	(iii) Remedial Action taken (Please attach details if any)		No
	(iv) Any Fatality occurred, details		No
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		No
	Details of Continuous online emission monitoring systems installed		No
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		—
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		—
12	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

JANUARY 2023 To December 2023

Name and Signature of the Head of the Institution

SUPERINTENDENT
CHC KHANDADEULI

Date: 01-06-2023

Place: CHC Khandadeuli