



Letter No 131 Date 6/3/2023

To

The Regional Office,
State Pollution Control Board, Angul

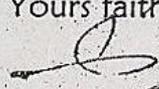
Sub:- Submission of Annual BMWM report for the year 2022

Sir,

With reference to the subject cited above, I am submitting here with the Bio Medical Waste Management annual report of PHC Balaramparsad, PHC Talmul, PHC Badakerjang, PHC Maratira and CHC Banarpal for the period of January, 2022 to December, 2022.

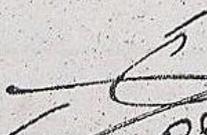
This is for favour of your kind information & necessary action.

Yours faithfully


06.03.23
Block Public Health Officer
CHC Banarpal
Dist - Angul

Memo No 132 Date 6/3/2023

Copy Submitted to the CDM & PHO, Angul for favour of your kind information and necessary action.


06.03.23
Block Public Health Officer
CHC Banarpal
Dist - Angul

ANNUAL REPORT (FORM-IV)

[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. Sankarsan Gan.
	(ii) Name of HCF or CBM WTF	PHC Banarpal, Angul
	(iii) Address for Correspondence	
	(iv) Address of Facility	PHC Banarpal, Angul
	(v) Tel. No. Fax. No	9439982925
	(vi) E-mail ID	banarpalbpmu@gmail.com
	(vii) URL 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 Authorization under the Bio-Medical Waste Management and Handling) Rules	Authorization,.....No...5293..... ...31.03.2025 Valid up to...until further order
(xi) Status of Consents under Water Act and Act	Valid up to:	
2	Type of Health Care Facility	
	(i) Bedded Hospital	No. of Beds: 06
	(ii) Non-bedded hospital (Clinic of Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	
3	(iii) License number and its date of expiry	Govt. of Odisha
3	Details of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	120 OPD patients average per day
	(ii) No. of beds covered by CBMWTF	
	(iii) Installed treatment and disposal capacity of CBMWTF	-NIL-----Kg per day
4	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	-NIL-----Kg per day
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 68.445 Kg
		Red Category : 286.820 Kg
		White : 20.500 Kg
		Blue Category : 247.141 Kg
		General Solid waste : 725.450 Kg
5	Details of the Storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the on-storage facility	
		Size NIL
	Capacity NIL	
	Provision of on-site storage : (cold storage or any other provision) NIL	

	Type of treatment	No. of units	Capacity kg/day	Quantity treated or disposed in kg per annum
(ii) Disposal Facilities	Incinerators	NIL		
	Plasma Pyrolysis	NIL		
	Autoclaves	NIL		
	Microwave	NIL		
	Hydroclave	NIL		
	Shredder	NIL		
	Needle tip cutter or destroyer	4	0.5 kg	15 Kg
	Sharps encapsulation or concrete pit			
	Deep burial pits	3		300 kg
	Chemical disinfection			
Any other treatment equipment:				
(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum	Red Category (like plastic, glass etc) (Not available No such waste)			
(iv) No. of vehicles used for collection and transportation of biomedical waste	No vehicle present			
(v) Details of incineration ash and ETF sludge generated and disposed during the treatment of wastes in Kg per annum	Incineration ASH		Quantity generated	Where disposed
	ETP Slug		NIL	NIL
(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	NIL			
6 Do you have bio-medical waste management committee ? If yes, attach minutes of the meetings held during the reporting period	12 nos committee meeting done			
7 Details trainings conducted on BMW				
(i) Number of trainings conducted on BMW Management	0			
(ii) Number of personal trained	0			
(iii) Number of personnel trained at the time of induction	34			
(iv) number of personnel not undergone any training so far	NIL			
(v) whether standard manual for training is available	Yes			
(vi) any other information	NA			

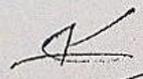
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		0
	(ii) Number of the persons affected		0
	(iii) Remedial Action taken		NIL
	(iv) Any Facility occurred details		NIL
9	Are you meeting the standards air Pollution from incinerator ? How many times in last year could not met the standards?		Not Applicable
	Details of Continuous online emission monitoring systems installed		No NIL
	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		NIL
	is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NIL
	Any other relevant information		NIL

Certified that the above report is for the period from 01.01.2022 to 31.12.2022

.....As per Guideline it is a primary General Health Care Centre , only having consultation Advice, minor Ailments, Minor Disease, OPD and Supply of Drugs and ailments And the state Govt. of Odisha only by Health & Family Welfare Dept.,CDM & PHO Angul.....

Date : 21.02.2023

Place : CHC Banarpal


 22.02.23
 Block Public Health Officer
 CHC Banarpal, Angul
 Name & Signature of the Head of Institution

FORM -1

[(See rule 4 (o), 5(i) and 15 (2))]

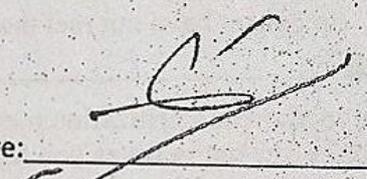
ACCIDENT REPORTING

(Biomedical Waste Management rule-2016)

1. Date and Time accident : Nill
2. Type of Accident-NA
3. Sequence of events leading to accident:... NA
4. Has the Authority been informed immediately: NA
5. The type of waste involved in accident-NA
6. Assessment of the effects of the accidents on human health and environment: NA
7. Emergency measure taken: NA
8. Steps taken to alleviate the effects of accident: NA
9. Steps taken to prevent the recurrence of such an accident: NA
10. Does you facility has an Emergency Control police? If yes give details NA

Date: 22.02.23

Place: CHC Banarpal

Signature: 

Designation Block Public Health Officer
CHC Banarpal, Angul