

Letter No 153 Date 15.03.24

To

The Regional Office,
State Pollution Control Board, Angul

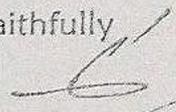
Sub:- Submission of Annual BMWWM report for the year 2023

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, 2023 to December, 2023.

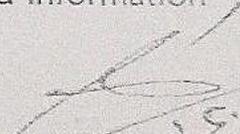
This is for favour of your kind information & necessary action.

Yours faithfully


15.03.24
Block Public Health Officer
CHC Banarpal
Dist - Angul

Memo No 154 Date 15.03.24

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


15.03
Block Public Health Officer
CHC Banarpal
Dist - Angul

From-IV
See Rule -13
Annual Report
(Biomedical Waste Management rule-2016)

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 bio-medical waste treatment facility CBWTF]

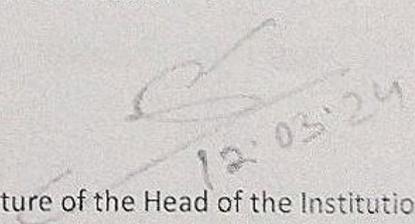
Sl. No	Particulars				
1	Particulars of the occupiers				
	(i) Name of the authorized person (occupier or operator of facility)			Dr Sankarsan Gan Block Public Health Officer, CHC Banarpal	
	(ii) Name of the HCF or CBMWTF			Community Health Centre, Banarpal	
	(iii) Address for Correspondence			At/ P.O-Banarpal, Angul	
	(iv) Address of Facility			CHC Banarpal	
	(v) Tel. No, Fax. No				
	(vi) E-mail ID			banarpalbpnu@gmail.com	
	(vii) 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 No5293_____ valid up to 31.03.2025	
2	Type of health Care Facility				
	(i) Bedded Hospital			No. of beds: 06	
	(ii) Non Bedded Hospital (Clinic or Blood Bank, Clinical Laboratory or Research Institute or Veterinary Hospital or any other)				
	(iii) License number and its date of expiry			Govt. Odisha	
3	Details of CBMWTF				
	(i) Number healthcare facilities covered by CBMWTF			130 OPD patients average per day	
	(ii) No of beds covered by CBMWTF			Nill	
	(iii) Installed treatment and disposal capacity of CBMWTF			Nill	
	(iv) Quantity of Bio medical waste treated or disposed by CBMWTF			Nill	
	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)			Yellow Category : 139.147 Kg	
				Red Category : 282.215 Kg	
				White : 32.345 Kg	
				Blue Category : 284.595 Kg	
				General solid Waste : 846 Kg	
5	Details of the storage, treatment, transportation, processing and Disposal Facility				
	(i) Details of the on-site storages facility			Size: 10 ft * 10 ft	
				Capacity	
				Provision of on-site storage) cold storage or any other provision : NIL	
	(ii) Disposal Facilities			Type of treatment	No of
				Capacity	Quantity
				Kg /	y

		Incinerators		disposed in Kg per annum
		Plasma		
		Pyrolysis		
		Autoclaves		
		Microwave		
		Hydroclave		
		Shredder		
		Needle tip cutter or destroy	4	0.5 Kg 15 Kg
		Sharps encapsulation or concrete pit	1	50 Kg
		Deep burial pits:	3	300 Kg
		Chemical disinfection:		
		Any other treatment equipments		
	(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in Kg per annum.	Red Category (Like plastics, glass, etc)		
	(iv) No of vehicles used for collection and transportation of bio medical waste			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum.	Incineration Ash ETP Sludge	Quantity generated	Where disposed
	(vi) Name of the common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of			
	(vii) List of members 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 (12 nos committee meeting done)		
7	Details training conducted on BMW	Training conducted at Monthly Meeting		
	(i) Number of training conducted on BMW Management	01		
	(ii) Number of personnel trained	33		

	induction		
	(iv) Number of personnel not undergone any training so far		NIL
	(v) Whether standard manual for training is available?		Yes
	(vi) Any other information		
8	Details of the accident occurred during the year.		NIL
	Number of Accidents occurred		NA
	Number of the persons affected		NA
	Remedial Action taken (Please attach details if any)		NA
	Any Facility occurred, details.		
9.	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standard?		Not Applicable
	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?		NIL
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NIL
12.	Any others relevant information		NIL

Certified that the above report is for the period from 01.01.2023 to 31.12.2023

.....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.....


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

Date:-12.03.2024

Place:- CHC Banarpal

FORM -1

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

ACCIDENT REPORTING

(Biomedical Waste Management rule-2016)

1. Date and Time accident : Nil
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 your facility has an Emergency Control police? If yes give details NA

Date: 12.03.2024

Place: CHC Banarpal

Signature: _____

Designation _____

Block Public Health Officer

CHC Banarpal, Angul