



OFFICE OF THE DISTRICT MEDICAL OFFICER(MEDICAL SERVICES)
CUM SUPERINTENDENT
DISTRICT HEAD QUARTER HOSPITAL, KEONJHAR
Department of Health & Family Welfare, Govt of Odisha



Letter No. 1186

Date 28.04.2023

To,
The Member Secretary
State Pollution Control Board
Paribest Bhaban ,A/118,Nilakantha Nagar
Unit-8,Bhubaneswar -751002,Odisha

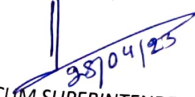
Sub-Submission of Annual report of Bio-Medical Waste management activities of DHH,Keonjhar

Sir,

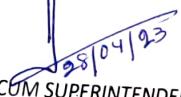
In inviting a reference to the subject cited above, I am submit the Annual report of Bio-Medical waste Management activities of DHH,Keonjhar for the year 2022 i.e 1.01.2022 to 31.12.2022.
This is favour of your kind information and necessary action.

Enclosure: Form IV.

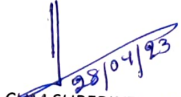
Yours Faithfully


28/04/23
DMO (MS) CUM SUPERINTENDENT
DHH,Keonjhar

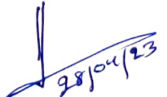
Memo No. 1187 Date 28.04.2023
Copy forwarded to DPHO,Keonjhar for information & Necessary action.


28/04/23
DMO (MS) CUM SUPERINTENDENT
DHH,Keonjhar


Memo No. 1188 Date 28.04.2023
Copy to Regional office ,SPCB,Keonjhar for information & Necessary action


28/04/23
DMO (MS) CUM SUPERINTENDENT
DHH,Keonjhar

Memo No. 1189 Date 28.04.2023
Copy forwarded to CDM&PHO,Keonjhar for information


28/04/23
DMO (MS) CUM SUPERINTENDENT
DHH,Keonjhar

Memo No. 1190 Date 28.04.2023
Copy forwarded to DPH,Odisha for kind information.


28/04/23
DMO (MS) CUM SUPERINTENDENT
DHH,Keonjhar

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)	:	
	(ii) Name of HCF or CBMWTF	:	DMO(MS) cum Superintendent
	(iii) Address for Correspondence	:	DHH, Keonjhar
	(iv) Address of Facility	:	DHH, Keonjhar, Pin-758001
	(v) Tel. No, Fax. No	:	06766-25209
	(vi) E-mail ID	:	dkh.kir@gmail.com
	(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 Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: Applied. For renewal Valid upto:
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: Applied
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 550
	(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 covered by CBMWTF	:	
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	_____ Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	_____ Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 18,881.440kg. Red Category: 8,221.085kg. White: 1,042.935kg. Blue Category: 10,024.89kg. General Solid Waste: 1,312.626kg.
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage	:	Size: 9000sqft.

facility		Capacity:			
		Provision of on-site storage : (Cold storage or any other provision)			
(ii)	Disposal facilities	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum
		Incinerators	0		
		Plasma Pyrolysis	0		
		Autoclaves	01		
		Microwave	0		
		Hydroclave	0		
		Shredder	01		
		Needle tip cutter or destroyer	22		
		Sharps	03		
		Encapsulation or concrete pit			
		Deep burial pits	03		
		Chemical disinfection:	02		
		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.)		
(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:	03 wheel barrow for collection		
(v)	Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		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		

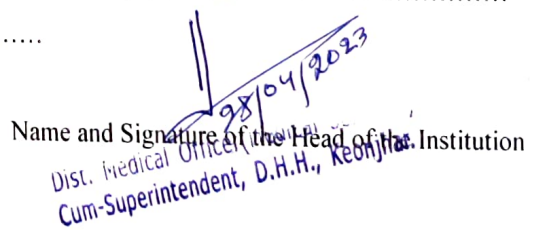
facility		Capacity:		
(ii) Disposal facilities		Provision of on-site storage : (Cold storage or any other provision)		
Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum	
Incinerators	0			
Plasma Pyrolysis	0			
Autoclaves	01			
Microwave	0			
Hydroclave	0			
Shredder	01			
Needle tip cutter or destroyer	22			
Sharps	05			
Encapsulation or concrete pit				
Deep burial pits	05			
Chemical disinfection:	02			
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.)		
(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	05 wheel barrow for collection		
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Generated	Where disposed	
	Incineration			
	Ash			
(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		

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Details trainings conducted on BMW			
(i)	Number of trainings conducted on BMW Management		07
(ii)	Number of personnel trained		80
(iii)	Number of personnel trained at the time of induction		60
(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 year		
(i)	Number of Accidents occurred		Nil
(ii)	Number of persons affected		Nil
(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?		
	Details of Continuous online emission monitoring systems installed		
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-2022 to December-2022.



 Name and Signature of the Head of the Institution
 Dist. Medical Officer, Keonjhar
 Cum-Superintendent, D.H.H., Keonjhar

Date: 28.04.2023

Place: Keonjhar