



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: 630

Date: 03.04.24

To

The member Secretary  
State Pollution Control Board  
Paribest Bhaban, 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 submitting the Annual report of Bio-Medical Waste Management activities of DHH, Keonjhar for the year 2022 i.e 1.01.2023 to 31.12.2023.

This is favour of your kind information and necessary action.

Enclosure: Form IV.

Yours Faithfully


  
DMO(ms)cum superintendent

DHH, Keonjhar

Date: 03/04/24

Memo 631

Copy to DPHO, Keonjhar for Information and necessary action.


  
DMO(ms)cum superintendent

DHH, Keonjhar

Date: 03/04/24

Memo 632

Copy to Regional Office, SPCB, Keonjhar for Information and necessary action.


  
DMO(ms)cum superintendent

DHH, Keonjhar

Date: 03/04/24

Memo 634

Copy to DPH for Information and necessary action.

  
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)Ciem 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	:	dhh kjrc @ 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.: ..... <u>Applied for renewal</u> ..... ..... Valid upto: ..... .....
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto:
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: <u>350</u>
	(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: <u>20,703.750 kg</u> Red Category: <u>12,370.360 kg</u> White: <u>75.820 kg</u> Blue Category: <u>14,560 kg</u> General Solid Waste:
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility	:	
	(i) Details of the on-site storage	:	Size: <u>9000 Sqft</u>

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			
		Plasma Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer	22		
		Sharps			
		Encapsulation or concrete pit			
		Deep burial pits			
		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.)		
(iv)	No. of Vehicles used for collection and transportation of biomedical waste	:	4 vehicles to CBMWTF 1 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		M/S MEDIBID Pvt. Ltd.		
(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		

Details trainings conducted on BMW		
(i)	Number of trainings conducted on BMW Management	5
(ii)	Number of personnel trained	258
(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?	
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 2023 to December 2023

Name and Signature of the Head of the Institution

03/04/24

Date:

Place: