

OFFICE OF THE MEDICAL OFFICER I/C, CHC-MARSHAGHAI

Block Programme Management Unit

Dist.- Kendrapara, Odisha Tel. No. - 06727-272201

E-mail: marshaghaibpmu@gmail.com

o/c

Letter No- 289 /Date- 13/6/24

To

The Member Secretary,
State Pollution Control Board
Paribesh Bhawan, A/118, NilakanthaNagar
Unit-VIII, Bhubaneswar- 751012, Odisha

Sub- Submission of Biomedical Waste Management Annual Report for the year-2023

Sir,

With due respect and the above cited subject I am herewith submitting the Biomedical Waste Management Annual Report for the year 2023 of CHC Marshaghai.

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


13/6/24.

Medical Officer I/C
CHC Marshaghai
Dist-Kendrapara

Memo No- 290 /Date- 13/6/24

Copy to the Regional Officer, State Pollution Control Board, Paradeep for favour of kind information & necessary action.


13/6/24.

Medical Officer I/C
CHC Marshaghai
Dist-Kendrapara

Memo No- 291 /Date- 13/6/24

Copy submitted to the CDM & PHO, Kendrapara for favour of kind information & necessary action.


13/6/24.

Medical Officer I/C
CHC Marshaghai
Dist-Kendrapara

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 authorised person (occupier or operator of facility)	:	Medical Officer I/c
	(ii) Name of HCF or CBMWTF	:	CHC Marshajhai
	(iii) Address for Correspondence	:	Marshajhai, Kendrapada
	(iv) Address of Facility	:	-do-
	(v) Tel. No, Fax. No	:	06727 - 272201
	(vi) E-mail ID	:	bpmumarshajhai@gmail.com
	(vii) URL of Website	:	No
	(viii) GPS coordinates of HCF or CBMWTF	:	No
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 4365.....Dt.: 08/05/2020valid up to
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31/03/2025
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:..... 16
	(ii) Non-bedded hospital	:	
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	NA
	(iii) License number and its date of expiry	:	NA
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	16
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day

	(iv) Quantity of biomedical 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 : 156 Kg	
		Red Category : 120 Kg	
		White: 18 Kg	
		Blue Category : 179 Kg	
	General Solid waste: 81 Kg		
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
(i) Details of the on-site storage facility :	Size :		
	Capacity :		
	Provision of on-site storage : (cold storage or any other provision)		
(ii) Details of the treatment or 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 ✓		
	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.)		
			N.A.
(iv) No of vehicles used for collection and transportation of biomedical waste :			one (District Provided)
(v) Details of incineration ash and ETP sludge generated and disposed :	Quantity generated		Where disposed

	during the treatment of wastes in Kg per annum	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
	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	01
	(ii) number of personnel trained	41
	(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?	Yes
	(vi) any other information)	
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	NIL
	(ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	NIL
	(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?	NA
	Details of Continuous online emission monitoring systems installed	NIL
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Yes
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

JAN - 2023 to DEC - 2023

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[Handwritten Signature]
 13/6/24

Name and Signature of the Head of the Institution

Medical Officer, I/c.
C.H.C. Marshaghai
Dist-Kendrapara

Date: 13/06/24
 Place: Marshaghai