

necessary action.

## OFFICE OF THE BLOCK PUBLIC HEALTH OFFICER

## Community Health Center, Brajrajnagar, At-Khalikani Po-Brajrajnagar, Dist:- Jharsuguda PIN 768216



|        | Email:bpmubrajrajnagar@gmail.com                                               |
|--------|--------------------------------------------------------------------------------|
| Letter | No. 44 Date. 10-1-2023                                                         |
| To,    |                                                                                |
|        | The Regional Officer,                                                          |
|        | Regional Office, State Pollution Control Board, Odisha                         |
|        | Plot No.370/5971, At-Babubagicha (Cox Colony), St. Marry Hospital Road,        |
|        | Post- Industrial Estate, Jharsuguda-768203                                     |
| Sub:   | Submission of Annual Report for the Calendar Year, 2022.                       |
| Sir/M  | adam                                                                           |
|        | With reference to the subject cited above, I am Submitting herewith the Annual |
| Repo   | t for the calendar Year 2022 in form-IV under Biomedical Waste Management      |
| Rule,  |                                                                                |
|        | This is for favour of your kind information and necessary action.              |
|        |                                                                                |
| Enclo  | sed:-                                                                          |
| 1.     | Form-IV (Annual Report)                                                        |
|        | Yours faithfully,                                                              |
|        | CHC, Brajrajnagar                                                              |
| Memo   | No. 45 Dt. 10-1-2023                                                           |
|        | Copy Submitted to the CDM & PHO Jharsuguad for favour of kind information and  |

CHC, Brajrajnagar

## Form-IV (See rule 13) ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> June every year for the period fro January to December of the preceding year, by the occupier of Health Care Facility (HCF) or Commo Bio-medical Waste Treatment Facility (CBWTF)]

| No. | Particulars                                                       | Da friggehal Predham                              |
|-----|-------------------------------------------------------------------|---------------------------------------------------|
|     | Particulars of the Occupier:                                      | Die Jampiester                                    |
| 1   | (i) Name of the authorised person                                 | Dr. Jaiprakah Preadhan                            |
| ļ   | (Occupie) of operator of facility                                 | OHC Bragragnagan<br>At - Khalikan Do-Bragragnagan |
|     | (ii) Name of the HCF or CBMWTF :                                  | 11 VI O La Ba Bragraguelan                        |
|     | (iii) Address for Correspondence :                                | At - Khan kan                                     |
|     | (iv) Address of facility :                                        |                                                   |
|     | (v)Tel. No./ Fax No.:                                             | 2 2 2                                             |
|     | (vi) E-mail ID :                                                  | benn Brojrajnagan                                 |
| 1   | (vii) URL of Website :                                            | Latitude: - 21.84975                              |
| !   | (viii) GPS coordinates of HCF or                                  | 1 all 10 1- 02.92585                              |
|     | CBMWTF:                                                           | Logitude :- 83.92585                              |
|     | (ix) Ownership of HCF or CBMWTF (State                            | state bort.                                       |
|     | Government or Private or Semi Govt. or                            |                                                   |
|     | any other):                                                       |                                                   |
|     | (x) Status of authorisation under the Bio-                        | 21.03.2022                                        |
|     | Medical Waste (Management and                                     | 7007 707                                          |
|     | Handling) Rules:                                                  |                                                   |
|     | (xi) Status of Consents under water Act                           | 1.                                                |
|     | and Air Act :                                                     |                                                   |
| 2.  | Type of Health Care Facility:                                     | No. of Beds: 16                                   |
| •   | (i) Bedded Hospital:                                              | No. of Beus.                                      |
|     | (ii) Non-hedded hospital:                                         |                                                   |
|     | Clinic or Blood Bank or Clinical                                  |                                                   |
|     | Laboratory or research Institute or                               |                                                   |
|     | Veterinary Hospital or any other)                                 |                                                   |
|     | (iii) License number and its date of                              |                                                   |
|     | expiry:                                                           |                                                   |
| 3.  | Details of CBMWTF:                                                | 01                                                |
| J.  | (i) Number healthcare facilities covered                          | 01                                                |
|     | by CBMWTF:                                                        |                                                   |
| ,   | (ii) No. of beds covered by CBMWTF:                               | 11                                                |
|     | (iii) Installed treatment and disposal                            | ·                                                 |
|     | capacity of CBMWTF :                                              |                                                   |
|     | (iv) Quantity of biomedical waste treated or disposed by CBMWTF : | :                                                 |
|     | Quantity of waste generated or disposed                           | Red - 136 kg 829 8m                               |
| 4.  | in Kg per annum (on monthly average                               | 9 7 ellow 139 kg 918 8 m                          |
|     |                                                                   | Blue 125 kg 021 gm                                |
|     | basis):                                                           | White 72 kg 022 gm                                |
|     |                                                                   | Dlock 15942 660 gm                                |
|     | ii. Cabo Storage treatment trans                                  | portation, processing and Disposal Facility       |
| 5.  | Details of the Storage, treatment, trans-                         | Storage & Disputed in despound                    |
|     | (i)Details of the on-site storage facility:                       | en a di and in deep bund                          |
|     |                                                                   | 340 cape of one of the                            |

| (ii) Disposal Facilities :                                                                                                                                                                                   | Type of<br>treatment<br>equipment | No of<br>units                        | Capa<br>Kg/d | •     | Qua?mm<br>treate<br>dispose<br>in kg per<br>annum |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------|--------------|-------|---------------------------------------------------|
|                                                                                                                                                                                                              | Incinerators                      |                                       |              |       |                                                   |
|                                                                                                                                                                                                              | Plasma                            |                                       |              |       |                                                   |
|                                                                                                                                                                                                              | Pyrolysis                         | 10                                    |              |       |                                                   |
|                                                                                                                                                                                                              | Autoclaves                        | 02                                    |              |       |                                                   |
| ·                                                                                                                                                                                                            | Microwave                         |                                       |              |       |                                                   |
|                                                                                                                                                                                                              | Hydroclave                        |                                       |              |       |                                                   |
| ,                                                                                                                                                                                                            | Shredder                          |                                       |              |       |                                                   |
| }                                                                                                                                                                                                            | Needle tip                        |                                       |              |       |                                                   |
|                                                                                                                                                                                                              | cutter or                         | 25                                    |              |       |                                                   |
|                                                                                                                                                                                                              | . destroyer                       | 05                                    |              |       | 0.00                                              |
|                                                                                                                                                                                                              | Sharps                            |                                       |              |       |                                                   |
|                                                                                                                                                                                                              | encapsulation                     |                                       |              |       | X 13                                              |
|                                                                                                                                                                                                              | or concrete pit                   | 02                                    | - No -       |       |                                                   |
|                                                                                                                                                                                                              | Deep burial                       |                                       |              |       |                                                   |
|                                                                                                                                                                                                              | pits                              | oy                                    |              |       |                                                   |
|                                                                                                                                                                                                              | Chemical                          |                                       | ,            |       | ,                                                 |
|                                                                                                                                                                                                              | disinfection                      | oy                                    |              |       |                                                   |
|                                                                                                                                                                                                              | Any other                         |                                       |              |       |                                                   |
|                                                                                                                                                                                                              | treatment                         |                                       |              |       |                                                   |
|                                                                                                                                                                                                              | equipment                         |                                       |              |       |                                                   |
| (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum:                                                                                                            | Red Category (lik                 | ke plastic, g                         | lass etc.)   |       |                                                   |
| (iv) No of vehicles used for collection and<br>transportation of biomedical waste:                                                                                                                           |                                   | 01                                    |              |       |                                                   |
| (v) Details of incineration ash and ETP                                                                                                                                                                      | 1                                 | Quantity                              | .,           | Wher  | e disposed                                        |
| sludge generated and disposed during                                                                                                                                                                         |                                   | generate                              |              | ***** | Cuisposas                                         |
| the treatment of waste in Kg per annum                                                                                                                                                                       | Incineration Ash                  |                                       |              |       |                                                   |
|                                                                                                                                                                                                              | ETP Sludge                        |                                       |              |       |                                                   |
| (vi) Name of the Common Bio-Medical                                                                                                                                                                          |                                   |                                       | - 4          |       |                                                   |
| waste Treatment Facility Operator                                                                                                                                                                            | Medie                             | t ngan                                | lectri       | ne s  | envia                                             |
| through which wastes are disposed of :                                                                                                                                                                       | Medie<br>BBSR 11                  | Rouvekel                              | a Pl         | and ) |                                                   |
| (vii) List of member HCF not handed over                                                                                                                                                                     |                                   |                                       |              |       |                                                   |
| bio-medical waste. :                                                                                                                                                                                         |                                   |                                       |              |       |                                                   |
| Do you have bio-medical waste                                                                                                                                                                                |                                   |                                       |              |       |                                                   |
| management committee? If yes, attach                                                                                                                                                                         |                                   | Yes                                   |              |       |                                                   |
| minutes of the meetings held during the                                                                                                                                                                      |                                   | 13                                    | Carre        |       |                                                   |
| reporting period                                                                                                                                                                                             |                                   |                                       |              |       |                                                   |
| Details trainings conducted on BMW:                                                                                                                                                                          |                                   | 01                                    |              |       |                                                   |
|                                                                                                                                                                                                              | 6                                 | 1                                     |              |       |                                                   |
| (i)Number of trainings conducted on                                                                                                                                                                          | 1.3                               | , ,                                   |              | 101   | e disposed                                        |
| (i)Number of trainings conducted on BMW Management                                                                                                                                                           |                                   | · · · · · · · · · · · · · · · · · · · |              |       |                                                   |
| (i)Number of trainings conducted on BMW Management  (ii) number of personnel trained                                                                                                                         |                                   | 42                                    |              |       |                                                   |
| (i)Number of trainings conducted on BMW Management                                                                                                                                                           |                                   | 42                                    |              |       |                                                   |
| <ul><li>(i)Number of trainings conducted on BMW Management</li><li>(ii) number of personnel trained</li><li>(iii) number of personnel trained at the time of induction</li></ul>                             | 2                                 | 42                                    |              |       |                                                   |
| (i)Number of trainings conducted on BMW Management  (ii) number of personnel trained  (iii) number of personnel trained at the time of induction  (iv) number of personnel not undergone                     |                                   | 42<br>12                              |              |       |                                                   |
| (i)Number of trainings conducted on BMW Management  (ii) number of personnel trained  (iii) number of personnel trained at the time of induction  (iv) number of personnel not undergone any training so far |                                   | 42<br>42<br>Wol                       |              |       |                                                   |
| (i)Number of trainings conducted on BMW Management  (ii) number of personnel trained  (iii) number of personnel trained at the time of induction  (iv) number of personnel not undergone                     |                                   | 42<br>WN<br>Y-Y                       |              |       |                                                   |

|     |     | (vi) any other information                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----|-----|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8.  |     | Details of the accident occurred during                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | 1   | the year                                                                  | 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     |     | (i)Number of Accidents occurred                                           | 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     | l   | (ii) Number of persons affected                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |     | (iii) Remedial Action taken (Please attach                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |     | details, if any)                                                          | Nal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|     |     | (iv) Any Fatality occurred, details                                       | ्राप्ता                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 9   |     | Are you meeting the standards of air                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |     | pollution from the incinerator? How                                       | N A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|     |     | many times in last year could not meet                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |     | the standards?                                                            | 1111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|     |     | Details of continuous online emission                                     | 124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|     |     | monitoring systems installed                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | 10. | Liquid waste generated and treatment methods in place. How many times you | Yel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|     |     | have not met the standards in a year?                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| -   |     | iii fatian mathod or                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | 11. | sterilization meeting the log 4                                           | Yel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|     |     | standards? How many times you have                                        | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| .   |     | not met the standards in a year?                                          | and the second s |
| -   | 12. | Any other relevant information (Air                                       | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|     | 14. | Pollution control Devices attached with                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     |     | the Incinerator):                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| - 1 |     | the memoral                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Certified that the above report is for the period from January - 2022

(Name and Signature of the Head of the Institution)

CHC, Brair Jharsuguda

Dist. Jharsuguda