



OFFICE OF THE SUPERINTENDENT
Community Health Centre, Brajrajnagar, Dist:-Jharsuguda
At-Khalikani Po-Brajrajnagar, Dist:- Jharsuguda PIN 768216



Letter: 705

Date: 28-6-2023

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/Madam


With reference to, the subject cited above, I am submitting herewith the Annual Report for the calendar Year 2022 in form-IV under Biomedical Waste Management Rule, 2016.

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

Enclosed:-


1. Form-IV (Annual Report)

Yours faithfully,


Superintendent,
CHC, Brajrajnagar,
Dist. Jharsuguda

Memo No. 706 Dt. 28-6-2023

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


Superintendent,
CHC, Brajrajnagar,
Dist. Jharsuguda

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)	: DR JAYAPRAKASH PRADHAN B.P.H.O
	(ii) Name of HCF or CBMWTF	: CHC BRAJRAJNAGAR
	(iii) Address for Correspondence	: A1- KHALIAKANI PO- BRAJRAJNAGAR
	(iv) Address of Facility	: - DO -
	(v) Tel. No. Fax. No	: 06645-253122
	(vi) E-mail ID	: bpmubrajrajnagar@gmail.com
	(vii) URL of Website	: WWW.CHCBRAJRAJNAGAR.IN
	(viii) GPS coordinates of HCF or CBMWTF	: 21.84975, 83.92571
	(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.: 1.5608 dt. 26.08.22valid up to 31/03/2027
	(xi). Status of Consents under Water Act and Air Act	: Valid up to: - NA -
2.	Type of Health Care Facility	:
	(i) Bedded Hospital	: No. of Beds:..... 16
	(ii) Non-bedded hospital	: - NA -
	(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	: - NA -
	(ii) No of beds covered by CBMWTF	: - NA -
	(iii) Installed treatment and disposal capacity of CBMWTF:	: - NA - Kg per day

(iv) Quantity of biomedical waste treated or disposed by CBMWTF	: NA Kg/day																																																
4. Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	: Yellow Category : 10.99 Red Category : 11.40 White: 5.27 Blue Category : 10.43 General Solid waste: 13.30																																																
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	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg/day</th> <th>Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>02</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td>NA</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td></td> <td>03</td> <td></td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td></td> <td>05</td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators	NA			Plasma Pyrolysis	NA			Autoclaves	02			Microwave	NA			Hydroclave	NA			Shredder	NA			Needle tip cutter or destroyer		03		Sharps encapsulation or concrete pit				Deep burial pits:		05		Chemical disinfection:				Any other treatment equipment:			
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(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	: Red Category (like plastic, glass etc) NA																																																
(iv) No of vehicles used for collection and transportation of biomedical waste	: NA																																																
(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	M/s MediAid Marketing Services Plot - No - MB/445, IRC Village, Nagapalli Shubaneswar 751015,
	(vii) List of member HCF not handed over bio-medical waste.	NA
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period	(Yes)
7	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management.	01
	(ii) number of personnel trained	40
	(iii) number of personnel trained at the time of induction	40
	(iv) number of personnel not undergone any training so far	Nil
	(v) whether standard manual for training is available?	
	(vi) any other information)	
8	Details of the accident occurred during the year	01
	(i) Number of Accidents occurred	01
	(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	- NA -
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	- NA -

	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

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Superintendent
 CHC, Brajrajnagar
 Dist. Jharsuguda

Name and Signature of the Head of the Institution
 Dr. Jayprakash Pradhan

Date: 28/06/2023
 Place: CHC Brajrajnagar