



OFFICE OF THE SUPERINTENDENT, CHC KANAS, PURI  
Phone No. 06752 – 240415, Email- [kanaschc@gmail.com](mailto:kanaschc@gmail.com)



Letter No. 72

Date 19.02.20

To

The Senior Environmental Scientist,  
Odisha State Pollution Control Board,  
Nayapalli, Bhubaneswar

**Sub: Submission of Annual Report under Bio Medical Waste (Management & Handling) Rules**

Esteemed Sir,

I am submitting herewith Revised Annual Report under Bio Medical Waste (Management & Handling) Rules of CHC Kanas for your kind information.

Yours faithfully,

*[Handwritten Signature]*  
19-02-2020

Medical Officer I/C, CHC Kanas

Encl: As above

**SUPERINTENDENT  
CHC, KANAS, PURI**



ANNUAL REPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> 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 ( occupier or :operator of facility)		
	(i) Name of the authorised person		<b>Medical Officer I/C CHC Kanas, Puri</b>
	(ii) Name of HCF or CBMWTF	:	<b>CHC Kanas</b>
	(iii) Address for Correspondence	:	<b>AT/PO- Kanas, Puri</b>
	(iv) Address of Facility		<b>Kanas, Puri -752017</b>
	(v)Tel. No, Fax. No	:	<b>06752240415</b>
	(vi) E-mail ID	:	<b>kanaschc@gmail.com</b>
	(vii) URL of Website		
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	<b>State Govt. Owned Hospital</b>
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	<b>Authorisation No. 15435 dated 25/11/2017 valid up to 31/03/2019 Applied for Renewal on 20/03/2019 online</b>
	(xi). Status of Consents under Water Act and Air Act	:	<b>N.A</b>
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	<b>No. Of Beds- 16 nos</b>

	(ii) Non-bedded 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	:	
	(i) Number healthcare facilities covered by CBMWTF	:	
	(ii) No of beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	__10__ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	<b>Yellow Category:</b>
			<b>Red Category : 8 kg</b>
			<b>White: 3 kg</b>
			<b>Blue Category : 6kg</b>
			<b>General Solid waste: N.A</b>
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)- Normal Storage Room not easy to access Public and Animals

disposal facilities	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
	Incinerators	0	0	0
	Plasma Pyrolysis	0	0	0
	Autoclaves	1	0.5	18
	Microwave	0	0	0
	Hydroclave	0	0	0
	Shredder	0	0	0
	Needle tip cutter or Destroyer Sharps	2	1	5
	encapsulation or concrete pit	0	0	0
	Deep burial pits:	2	100	100
	Chemical disinfection:		0	0
	Any other treatment equipment:			
	(iii) Quantity of recyclable wastes sold to authorize 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	:	Transported by M/s. Maa Kanakdurga Enterprises		
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	<b>Quantity generated</b>		<b>Where disposed</b>	
	Incineration Ash	0	0	
	ETP Sludge	0	0	

(vi) Name of the Common Bio- :  
 Medical Waste Treatment Facility  
 Operator through which wastes are  
 disposed of- Not Available

(vii) List of member HCF not  
 handed over bio-medical waste.-0



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.-

5

	(ii) number of personnel trained		12
	(iii) number of personnel trained at the time of induction		12
	(iv) number of personnel not undergone any training so far		3
	(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		0
	(ii) Number of the persons affected		0
	(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?		N.A

	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?		<b>Yes meet the standard</b>
11	Is the disinfection method or sterilization meeting the log 4 Standards? How many times you have not met the standards in a year?		Yes
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) (N.A)

Certified that the above report is for the period from 1<sup>st</sup> January 2018 to 31<sup>st</sup> December 2019.

**Dr. Banoj Kumar Dash, MO I/C, CHC Kanas**

Name and Signature of the Head of the Institution

**SUPERINTENDENT  
CHC, KANAS, PURI**

Date: 19-02-2020

Place - Kanas

*B. K. Dash*  
19-02-2020