



OFFICE OF THE SUPERINTENDENT, CHC KANAS, PURI
Phone No. 06752 – 240415, Email- kanaschc@gmail.com
(An ISO 9001:2015 Certified Govt. Hospital)



Letter No- 102

Date- 19.02.2022

To

The Senior Scientist,
Odisha State Pollution Control Board, Paryabaran Bhaban,
Nayapalli, Bhubaneswar

Sub:- Submission of Bio Medical Waste Management Annual Report of CHC Kanas for the period from 01/01/2021 to 31/12/2021

Sir

I am submitting herewith Bio Medical Waste Management Annual Report of CHC Kanas under Puri district for the period from 01/01/2021 to 31/12/2021 which may kindly be acknowledged.

Thanking you.

Encl :- BMW Annual Report 2021

Yours faithfully,

Superintendent, CHC Kanas

Memo No. 103 Date 19.02.2022

Copy submitted to the CDM&PHO, Puri for kind information.

Superintendent
CHC, KANAS

Superintendent, CHC Kanas

Superintendent
CHC, KANAS



Form - IV
(See rule 13)

ANNUAL REPORT 2021

[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 (occupier or :operator of facility)		
	(i) Name of the authorised person		Medical Officer I/C CHC Kanas, Puri
	(ii) Name of HCF or CBMWTF	:	CHC Kanas
	(iii) Address for Correspondence	:	AT/PO- Kanas, Puri
	(iv) Address of Facility		Kanas, Puri -752017
	(v) Tel. No, Fax. No	:	06752240415
	(vi) E-mail ID	:	kanaschc@gmail.com
	(vii) URL of Website		www.chckanaspuri.in
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	State Govt. Owned Hospital
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No. 10928 dated 18/10/2019 valid up to 31/03/2024
	(xi). Status of Consents under Water Act and Air Act	:	N.A
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. Of Beds- 16 nos
	(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
4.	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	__10__ Kg/day
	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category:
			Red Category : 8 kg
			White: 3 kg
			Blue Category : 6kg
			General Solid waste: N.A
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:	3	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	Quantity generated		Where disposed	
	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

	(ii) number of personnel trained		18
	(iii) number of personnel trained at the time of induction		6
	(iv) number of personnel not undergone any training so far		0
	(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
10	Details of Continuous online emission monitoring systems installed Liquid waste generated and treatment Methods in place. How many times you have not met the standards in a Year?		NA Yes meet the standard

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/ never
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 1st January 2021 to 31st December 2021.


Dr. Soubhagya Ranjan Jena, MO I/C

Name and Signature of the Head of the Institution

Superintendent
CHC, KANAS

Date: 19-02-2022

Place - Kanas