**Form - IV**

**(See rule 13)**

**ANNUAL REPORT 2022**

[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**](http://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 | : |  **Authorisation No. 10928 dated 18/10/2019** **valid up to 31/03/2024** |
|  | Waste (Management and Handling) Rules |  |  |
|  |  |  |  |  |  |  |  |  |
|  | (xi). Status of Consents under Water Act and | Air | : | **N.A** |
|  | Act |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 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 | : | **\_\_\_\_\_\_\_ Kg per day** |
|  | CBMWTF: |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | (iv) Quantity of biomedical waste treated or disposed | : | **\_\_\_10\_\_ Kg/day** **Yellow Category:** |
|  | by CBMWTF |  |  |  |  |  |  |  |
| 4. | Quantity of waste generated or disposed in Kg per | : |
|  | annum (on monthly average basis) |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **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 |  | : | Size | : |  |  |
|  | facility |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Capacity : |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Provision of | on-site storage | : (cold storage or |
|  |  |  |  |  |  | any other provision)- Normal Storage Room not easy to acess Public and Animals |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| disposal facilities | Type of treatment equipment | No of units | CapacityKg/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 orDestroyer Sharps | 2 | 1 | 5 |
| encapsulation or | 0 | 0 | 0 |
| concrete pit | 0 | 0 | 0 |
| Deep burial pits: | 3 | 100 | 100 |
| Chemical disinfection: |  | 0 | **0** |
| Any other treatmentequipment: |  |  |  |
|  |  |  |
|  |  |  |  |
| (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 biomedicalwaste | : | **Transported by M/s. Maa Kanakdurga Enterprises** |
| (v) Details of incineration ash andETP sludge generated and disposed during the treatment of wastes in Kg per annum | **Quantity****generated** | **Where****disposed** |
| IncinerationAsh | 0 | 0 |
| ETP Sludge | 0 | 0 |

1. Name of the Common Bio- :

Medical Waste Treatment Facility Operator through which wastes are disposed of- Not Available

1. List of member HCF not handed over bio-medical waste.-0
2. Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period- Yes,
3. Details trainings conducted on BMW

(i) Number of trainings conducted on BMW Management.- 2

|  |  |  |  |
| --- | --- | --- | --- |
|  | (ii) number of personnel trained |  |  **18** |
|  |  |  |  |
|  | (iii) number of personnel trained atthe time of induction |  |  **6** |
|  |  |
|  |  |
|  | (iv) number of personnel notundergone any training so far |  |  **0** |
|  |
|  |
|  | (v) whether standard manual for |  | **Yes** |
|  | Training is available? |  |  |
|  |  |  |  |
|  | (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 installedLiquid 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 orsterilization meeting the log 4Standards? How many times you havenot 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 2022 to 31st December 2022.**

**Dr. Ramesh Chandra Behera, Superintendent**

Name and Signature of the Head of the Institution

Date: 10/01/2023

Place - Kanas