

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 (occupier or operator of facility) | |
| | (i) Name of the authorised person | Dr. Biswajit Mishra (Superintendent) |
| | (ii) Name of HCF or CBMWTF | Maa Kanak Durga Enterprises (BMWTF) |
| | (iii) Address for Correspondence | C.H.C. Sakhigopal Dist:Puri Pin-752014 |
| | (iv) Address of Facility | C.H.C. Sakhigopal Dist:Puri Pin-752014 |
| | (v) Tel. No, Fax. No | : 9439985371 |
| | (vi) E-mail ID | : aksakhigopal@gmail.com |
| | (vii) URL of Website | |
| | (viii) GPS coordinates of HCF or CBMWTF | |
| | (ix) Ownership of HCF or CBMWTF | : State Govt. |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : 31/03/2023 |
| | (xi). Status of Consents under Water Act and Air Act | : Applied on 02/02/2020 |
| 2. | Type of Health Care Facility | |
| | (i) Bedded Hospital | : No of Bedded-46 |

| | | | |
|----|---|--|--|
| | (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 | | _____ Kg/day |
| 4. | Quantity of waste generated or disposed in Kg per annum (on monthly average basis) | | Yellow Category:9.36 Red Category :7.92 White: 0.54 Blue Category : 12.60 General Solid waste:15.38 |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | |
| | (i) Details of the on-site storage facility | | Size : 15x10 Capacity : 2.00 Provision of on-site storage |

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 | | | |
| Plasma Pyrolysis | | | | |
| Autoclaves | | | | |
| Microwave | | | | |
| Hydroclave | | | | |
| Shredder | | | | |
| Needle tip cutter or Destroyer Sharps | 7 | | 150gm | 54kg |
| encapsulation or concrete pit | 2 | | - | |
| Deep burial pits: | 3 | | | 9.36 |
| Chemical disinfection: | 1 | | - | 120lt |
| 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.) | | 20.52 |
| (iv) No of vehicles used for collection and transportation of biomedical waste | : | 1 | | |

| (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 | | |
| | ETP Sludge | | |

(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:Yes

(i) Number of trainings conducted
kon BMW Management.-5

| | |
|---|-----------|
| (ii) number of personnel trained | 46 |
| (iii) number of personnel trained at the time of induction | 46 |
| (iv) number of personnel not undergone any training so far | 0 |
| (v) whether standard manual for Training is available? | Available |
| (vi) any other information) | |
| 8 Details of the accident occurred during the year | No |
| (i) Number of Accidents occurred | No |
| (ii) Number of the persons affected | No |
| (iii) Remedial Action taken (Please | No |

| | | |
|----|---|---|
| | attach details if any) | No |
| | (iv) Any Fatality occurred, details. | No |
| 9. | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards? | No |
| | Details of Continuous online emission monitoring systems installed | No |
| 10 | Liquid waste generated and treatment Methods in place. How many times you have not met the standards in a Year? | One time daily |
| 11 | Is the disinfection method or sterilization meeting the log 4 Standards? How many times you have not met the standards in a year? | No |
| 12 | Any other relevant information | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from Dt01/01/2020 to 31/12/2020

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Name and Signature of the Head of the
Institution
CHC Sakhigopal
Dist : Puri