

**OFFICE OF THE DISTRICT MEDICAL OFFICER CUM SUPERINTENDENT,**  
**DHH, PURI**

Letter No: 2388

Date: 22.02.21

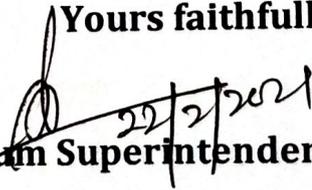
To  
Member secretary  
Odisha State Pollution Control Board,  
Sub: - Submission of Annual Report for the Calendar Year 2020.

Sir,

With reference to the above cited subject I am herewith submit the Annual Report for the calendar year 2020 under Bio-Medical Waste Management Rule 2016 and amendment thereof.

This is for your kind information.

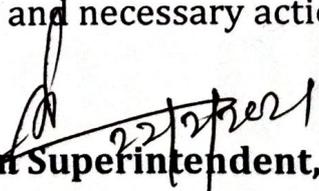
Yours faithfully



DMO (MS) cum Superintendent, DHH, Puri.

Memo No. 2389 Date 22.02.21

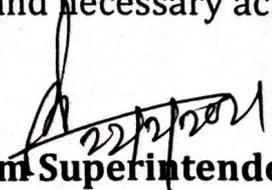
Copy forwarded to collector & DM for information and necessary action.



DMO (MS) cum Superintendent, DHH, Puri.

Memo No. 2390 Date 22.02.21

Copy forwarded to DPH, Odisha for information and necessary action



DMO (MS) cum Superintendent, DHH, Puri.

**Form - IV**  
**(See**  
**rule13)**

**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		DR. PRANAB SANKAR DASH.
	(ii) Name of HCF or CBMWTF	:	District Head Quarter Hospital, Puri
	(iii) Address for Correspondence	:	C/O- District Head Quarter Hospital, Puri  At-Grand Road Pin- 752001
	(iv) Address of Facility		C/O- District Head Quarter Hospital, Puri  At-Grand Road Pin- 752001
	(v) Tel. No, Fax. No	:	06752-222887, 06752-222124
	(vi) E-mail ID	:	<u>hdtपुरी@gmail.com</u>  <u>bmwmpuri@gmail.com</u>  <u>cdmopuri2012</u>

@gmail.com

dmoms.dhhpur  
i@gmail.com

(vii) URL of Website

Not available

(viii) GPS coordinates of HCF or CBMWTF

Not available

(ix) Ownership of HCF or CBMWTF

: State Government

(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules

: Yes valid up to  
31/03/2023

(xi). Status of Consents under Water Act and Air Act

: Applied

2. Type of Health Care Facility

:

(i) Bedded Hospital

Approved No.  
of

Beds...270

Functional bed  
strength- 450

(ii) Non-bedded hospital

:

(Clinic or Blood Bank or Laboratory  
Clinical y 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:

(iv) Quantity of biomedical waste treated or disposed by CBMWTF

4. Quantity of waste generated or disposed in Kg per

annum (on monthly average basis)

Yellow 12320kg  
Category: 800gm

Red  
Category  
: 4462kg600gm

White:  
417kg70  
0gm

Blue  
Category  
: 6705kg300gm

General Solid waste: 8.2ton

5

Details of the Storage, treatment, transportation, processing and Disposal Facility

(i) Details of the on-site storage facility	Size : 14'*7'
	Capacity :
	Provision of on-site storage : (cold storage or any other provision)- Normal Storage Room not easy to access Public and Animals- Yes

disposal facilities	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
	Incinerators			
	Plasma Pyrolysis			
	✓ Autoclaves	1	45kg	12320kg 800gm
	Microwave			
	Hydroclave			
	✓ Shredder	1	35kg	11167kg90 0gm
	✓ Needle tip cutter or Destroyer Sharps	30	150 gm	417kg700g m
	encapsulation or		-	
	✓ concrete pit	11		417kg700g m

	Deep burial pits:			As per instruction of SPCB DHH use the deep-burial pit of nearby Rural area CHC Chandanpur
	Chemical disinfection:	1% Hypochloritesolution	-	
	Any other treatment equipment:	Low cost liquid waste treatment-2		
		Syntax tank-4		
(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	:	Red Category (like plastic) and Blue Category (like glass ware waste) <b>11167kg900gm</b>		
(iv) No of vehicles used for collection and transportation of biomedical waste	:	<b>1</b>		
(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			
	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

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

	(ii) number of personnel trained	210
	(iii) number of personnel trained at the time of induction	170
	(iv) number of personnel not undergone any training so far	47
	(v) whether standard manual for Training is available?	Yes
	(vi) any other information)	
8	Details of the accident occurred during the year	No
	(i) Number of Accidents occurred	
	(ii) Number of the persons affected	

<p>(iii) Remedial Action taken</p> <p>(Please attach details if any)</p>		
<p>(iv) Any Fatality occurred, details.</p>		
<p>9. Are you meeting the standards of air pollution from the incinerator? How many times in last year could not meet the standards?</p>		<p>No</p>
<p>Details of Continuous online emission monitoring systems installed</p>		
<p>10. Liquid waste generated and treatment</p> <p>Methods in place. How many times</p> <p>you have not met the standards in a</p>		<p><b>Low cost technology tank installed at all the generation points for preliminary treatment of liquid waste as per specification of BMW Cell, Odisha.</b></p> <p><b>Liquid waste generated from Hospital disinfected by 10% Hypochlorite solution and discharge into municipal drain after disinfection.</b></p> <p><b>Establishment of STP is under process at state level.</b></p>

	Year?		
11	Is the disinfection method or sterilization meeting the log 4 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 2020 to December 2020**

.....  
 .....  
 .....

Date: 22-2-2021

Place DHH, PURI

*[Signature]*  
 22nd Feb. 2021.

Name and Signature of the Superintendent  
**D.H.H. PURI**  
**D.H.H. PURI**