

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.Sugyani Kumari<br>Moharana. M.O.I/c<br>C.H.C<br>Krushnaprasad                 |
|         | (ii) Name of HCF or CBMWTF   | : | C.H.C<br>Krushnaprasad   |
|         | (iii) Address for Correspondence   | : | At:Krushnaprasad,<br>post:Parikud<br>PS:Krushnaprasad<br>Dist:Puri<br>Pin:752032 |
|         | (iv) Address of Facility   |   | CHC<br>Krushnaprasad   |
|         | (v)Tel. No, Fax. No  | : | 7978469162   |
|         | (vi) E-mail ID   | : | <a href="mailto:bamkrushnaprasad@gmail.com">bamkrushnaprasad@gmail.com</a>       |
|         | (vii) URL of Website   |   | Not Available  |
|         | (viii) GPS coordinates of HCF or CBMWTF  |   | Not Available  |
|         | (ix) Ownership of HCF or CBMWTF  | : |  |
|         | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : |  |

|    |  |   |                                     |
|----|--|---|-------------------------------------|
|    | (xi). Status of Consents under Water Act and Act   | : |                                     |
| 2. | Type of Health Care Facility   | : |                                     |
|    | (i) Bedded Hospital  | : | 16                                  |
|    | (ii) Non-bedded hospital<br>(Clinic or Blood Bank or Clinical Laboratory or<br>Research Institute or Veterinary Hospital any<br>other) | : |                                     |
|    | (iii) License number and its date of expiry  | : |                                     |
| 3. | Details of CBMWTF  | : |                                     |
|    | (i) Number healthcare facilities covered by<br>CBMWTF  | : |                                     |
|    | (ii) No of beds covered by CBMWTF  | : |                                     |
|    | (iii) Installed treatment and disposal capacity of<br>CBMWTF:  | : | _____ Kg per day                    |
|    | (iv) Quantity of biomedical waste treated or disposed<br>by CBMWTF   | : | _____ Kg/day                        |
| 4. | Quantity of waste generated or disposed in Kg per<br>annum (on monthly average basis)  | : | <b>Yellow Category: 540 kg</b>      |
|    |  |   | <b>Red Category : 720 kg</b>        |
|    |  |   | <b>White: 60 kg</b>                 |
|    |  |   | <b>Blue Category : 300 kg</b>       |
|    |  |   | <b>General Solid waste: 1.5 ton</b> |

|  |                           |        |                       |
|--|---------------------------|--------|-----------------------|
| authorize recyclers after treatment in kg per annum.   |                           | 900 kg |                       |
| (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 | <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.-5

|  |  |  |     |
|--|--|--|-----|
|  | (ii) number of personnel trained                           |  | 12  |
|  | (iii) number of personnel trained at the time of induction |  | 10  |
|  | (iv) number of personnel not undergone any training so far |  |     |
|  | (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                           |  |     |

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

|   |   |         |
|---|---|---------|
| (i) Details of the on-site storage facility | Size :  | 8ft-5ft |
|   | Capacity :  | 15kg    |
|   | 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                          |   |                 |  |
|   | Plasma Pyrolysis                      |   |                 |  |
|   | Autoclaves                            | 1                                       |                 |  |
|   | Microwave                             |   |                 |  |
|   | Hydro clave                           |   |                 |  |
|   | Shredder                              | 1 (not installed)                       |                 |  |
|   | Needle tip cutter or Destroyer Sharps | 4                                       |                 |  |
|   | encapsulation or concrete pit         | 4                                       | -               |  |
|   | Deep burial pits:                     | 2                                       |                 |  |
|   | Chemical disinfection:                | 1% hypo chloride solution               | -               |  |
|   | Any other treatment equipment:        | Liquid waste management syntax tank     |                 |  |
| (iii) Quantity of recyclable wastes sold to |                                       | Red Category (like plastic, glass etc.) |                 |  |

|    |   |   |   |
|----|---|---|---|
|    | (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?     |   |   |
|    | Details of Continuous online emission monitoring systems installed  |   |   |
| 10 | Liquid waste generated and treatment Methods in place. How many times you have not met the standards in a Year?                   |   | 4   |
| 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 01.01.2020 to 31.12.2020

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Name and Signature of the Head of the Institution.

*[Signature]*  
 63-09-21  
 Medical Off. I/C  
 CHC Krushnaprasad, Putt

Date: 2.09.2021

Place: Krushnaprasad