

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)		Medical officer IIC
	(i) Name of the authorised person		Dr. Sanjaya K. Padhan
	(ii) Name of HCF or CBWTF	:	
	(iii) Address for Correspondence	:	CITC Astaranga Puri
	(iv) Address of Facility		CITC Astaranga, Puri
	(v) Tel. No, Fax. No	:	9439994720
	(vi) E-mail ID	:	bp@mvastaranga@gmail.com
	(vii) URL of Website		
	(viii) GPS coordinates of HCF or CBWTF		
	(ix) Ownership of HCF or CBWTF	:	State Government.
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Applied For Renewal on. Dated-29-01-2022
	(xi). Status of Consents under Water Act and Air Act	:	
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	06 Bedded.

(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: 648 kg Red Category : 432 kg White: 46 kg 800 gm Blue Category : 252 kg General Solid waste: 2.5 tons
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)

(vii) LIST of member HCF not handed over bio-medical waste.-

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 on BMW Management.-

	(ii) number of personnel trained	45
	(iii) number of personnel trained at the time of induction	45
	(iv) number of personnel not undergone any training so far	NIL
	(v) whether standard manual for Training is available?	Available
	(vi) any other information)	
8	Details of the accident occurred during the year	NIL
	(i) Number of Accidents occurred	NIL
	(ii) Number of the persons affected	NIL
	(iii) Remedial Action taken (Please attach details if any)	NIL
	(iv) Any Fatality occurred, details.	NIL
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?		LOW COST technology since tank for liquid waste management installed. Labour Room for preliminary Treatment.
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 - January - 2020 to 31 - December - 2020

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Name and Signature of the Head of the Institution

[Handwritten Signature]
 16.03.21
Medical Officer
C.H.C, Astaranga

Date: 16.3.21

Place Astaranga.