

OFFICE OF THE SUPERINTENDENT CHC CHARICHHAK, DIST:-PURI  
E-mail Id-bpmucharichhak3@gmail.com/Contact No.06758-237473

Letter No.125

Date:-25/02/2022

To

The Member Secretary  
Odisha State Pollution Control Board, Bhubaneswar

Sub:- Submission of Annual Report for the Year 2021.

Sir,

With reference to the above cited subject matter I'm submitting attached herewith the Annual Report for the Year-2021 under Bio-Medical Waste Management (Management & Handling Rules 2016).

This is for your kind information.

Yours faithfully,

*[Signature]*  
25-2-22  
Superintendent,  
CHC Charichhak  
Superintendent  
O.S.P.C., Charichhak



**Form - IV**  
**(See rule 13)**

**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. Prasanta Kumar samantaray, Superintendent
	(ii) Name of HCF or CBMWTF	:	Maa Kanaka Durga Enterprises
	(iii) Address for Correspondence	:	At:-CHC, Charichhak, Puri, 752113
	(iv) Address of Facility		At:-CHC, Charichhak, Puri, 752113
	(v) Tel. No, Fax. No	:	9439994724
	(vi) E-mail ID	:	bpmucharichhak3@gmail.com
	(vii) URL of Website		Not Available
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	(State Government)
		:	

	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: Authorisation Order No.15451/SPCB/25/11/2017 valid up to 31/03/2020. (Renewal Applied vide Receipt No.289513461 Dt.07/03/2020)
	(xi). Status of Consents under Water Act and Act	:	Valid up to: Applied for 5 years vide Receipt No.564168672 Dt.12/12/2019 (2019-20 to 2023-24)
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:.....30
	(ii) Non-bedded hospital  (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital 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	:	30
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	__9.16__ 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)	:	<table border="1"> <tr> <td>Yellow Category</td> <td>:823 kgs</td> </tr> <tr> <td>Red Category</td> <td>: 1586 kgs</td> </tr> <tr> <td>White</td> <td>: 79 kgs</td> </tr> <tr> <td>Blue Category</td> <td>: 844 kgs</td> </tr> <tr> <td>General Solid waste</td> <td>:39800 kgs</td> </tr> </table>	Yellow Category	:823 kgs	Red Category	: 1586 kgs	White	: 79 kgs	Blue Category	: 844 kgs	General Solid waste	:39800 kgs
Yellow Category	:823 kgs												
Red Category	: 1586 kgs												
White	: 79 kgs												
Blue Category	: 844 kgs												
General Solid waste	:39800 kgs												
5	Details of the Storage, treatment, transportation, processing and Disposal Facility												
	(i) Details of the on-site storage facility	:	<table border="1"> <tr> <td>Size</td> <td>: 4F x 8F</td> </tr> <tr> <td>Capacity</td> <td>: 50 Kgs</td> </tr> <tr> <td>Provision of on-site storage</td> <td>: (cold storage or any other provision)</td> </tr> </table>	Size	: 4F x 8F	Capacity	: 50 Kgs	Provision of on-site storage	: (cold storage or any other provision)				
Size	: 4F x 8F												
Capacity	: 50 Kgs												
Provision of on-site storage	: (cold storage or any other provision)												

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	3	500 gm	180 kg
	encapsulation or concrete pit	4	-	
	Deep burial pits:	3		
	Chemical disinfection:	2	-	
	Any other treatment equipment:		6 kg	260 kg
(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.) 3200 kgs		
(iv) No of vehicles used for collection and transportation of biomedical waste	:	Weekly 3 days		
(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

(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

7 Details trainings conducted on BMW

Yes

(i) Number of trainings  
conducted on BMW  
Management.

	(ii) number of personnel trained	30
	(iii) number of personnel trained at the time of induction	30
	(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	No
	(i) Number of Accidents occurred	No
	(ii) Number of the persons affected	No
	(iii) Remedial Action taken (Please 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?	Not Available
	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?		No
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

.....01.01.2021 to 31.12.2021.....

.....

.....

.....

Name and Signature of the Head of the  
Institution

*Dr. Prasanta Ku. Samantaray*  
25/02/2021

Superintendent  
C.H.C., Charichhak

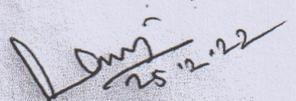
Dr. Prasanta Ku. Samantaray

Date:25/02/2021

Place:- Charichhak CHC

**QUANTITY OF WASTE GENERATED ON MONTHLY BASIS AT CHC CHARICHHAK**

MONTH NAME	YELLOW NET, WT	RED NET, WT	BLUE NET, WT	WHITE NET, WT
Jan-21	62.75	126	66.2	7.28
Feb-21	58.8	111.25	67.7	7.38
Mar-21	65.1	122	66.2	7.48
Apr-21	72.8	103	53.7	7.38
May-21	74.8	130	83.8	6.71
Jun-21	56.95	110.1	59.4	5.88
Jul-21	60.2	132	71.6	7.42
Aug-21	84.1	116	67.3	7.68
Sep-21	84.1	163.8	69.2	7.38
Oct-21	56	161	84	7.18
Nov-21	64.1	154	78.4	7.6
Dec-21	84.2	157.5	77.3	7.2
	823.9	1536.65	844.8	86.57
ANNUAL QUANTITY OF WASTE GENERATED IN 2021				3341.92
Daily Average of Waste Generation				9.155945205

  
 Superintendent  
 H.C., Charichhak