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OFFICE OF THE MEDICAL SUPERINTENDENT: T.B & I.D.HOSPITAL, PURI No. /TBH, Puri the th. February, 2022

To

The Member Secretary, State Pollution Control Board, Odisha BBSR

Sub:-

Submission of Annual Report

I am submitting Annual Report for the year 2021 on Common Bio Medical Waste Treatment facility (CBWTF) functioning at T.B & I.D.H, Puri.

This is for your information & necessary action.

Enclosure

Yours faithfully,

1. Copy of Annual Report - 1 copy

Medical Superintendent T.B. &I.D.Hospital,Puri

Memo No. 20

/TBH

Puri the

1 th.

Feb., 2022

Copy to CDM & PHO, Puri for information and necessary action.

6 Mark 6 14.2.22

Medical Superintendent T.B. &I.D. Hospital, Puri

Form - IV (See rule 13)

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)]

	Particulars		
		l l	1
	Particulars of the Occupier (occupier or coperator of facility)		1 2
	(i) Name of the authorised person		Dr. Ganesh Prasad Dash
	(ii) Name of HCF or CBMWTF	:	T.B & I.D. Hospital:Puri
ŀ	(iii) Address for Correspondence	:	
			C/O- T.B & I.D. Hospital:Puri
			At- Red Cross Road, Puri
			C/O- T.B & I.D. Hospital:Puri
	(iv) Address of Facility	3	At- Red Cross Road, Puri
	(v)Tel. No, Fax. No	:	06752-22094
ŀ	(vi) E-mail ID	:	mstbidh.puri@gm ail.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	:	
7	Waste (Management and Handling) Rules		31.03.2024
_	xi). Status of Consents under Water Act and Air		

Act	
2. Type of Health Care Facility	
(i) Bedded Hospital	: 108
(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	
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
Quantity of waste generated or disposed in Kg per	: Yellow Category: 90 Kg.200gm.
annum (on monthly average basis)	Red Category: 216 Kg.340gm.
	White: 25 Kg.200
	Blue Category: 223Kg.200gm
	General Solid waste: 1.5 Ten
Details of the Storage, treatment, transportation, processing a	nd Disposal Facility
(i) Details of the on-site storage : Size	: 12'*12'
facility Capacity:	

vastes in Kg per annum	Incineration Ash	12 €
3	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		55	N.		/
	(iii) number of personnel trained at the time of induction		28			, 1
	(iv) number of personnel not undergone any training so far	1 70			25 4 8 7 4 4	
	(v) whether standard manual for Training is available?			T		
	(vi) any other information)			1	-	
,	Details of the accident occurred during the year				· ·)
	(i) Number of Accidents occurred				- 1	
	(ii) Number of the persons affected			-		7.
	(iii) Remedial Action taken (Please attach details if any)					
	(iv) Any Fatality occurred, details.					i i
1	Are you meeting the standards of air					

Provision of on-site storage

: (cold storage or

any other provision)- Normal Storage Room not easy to acess Public and Animals

disposal facilities		Type of treatment equipment	No of unit s	Cap acit y Kg/	Quantit y treatedo
				day	dispose d in kg per annum
	1	ncinerators	11.	- 6	
	F	Plasma Pyrolysis			
	_	Autoclaves	1	50	
	I	Microwave			
	1	Hydroclave			
	5	Shredder	1	25	
		Needle tip cutter or Destroyer Sharps	4		
	-	encapsulation or	13E27-6-71	E 10.14 for	
AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	_	concrete pit	2	al Dan III	- 1
	_	Deep burial pits:	3		
	_	Chemical	1%		
		disinfection:	Hypoc hlorite Soluti on	-	-
		Any other treatment equipment:	Low cost liquid waste	1	
			treatm ent		
	À		Syntax tank		
(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.		Red Category (like	plastic, gl	ass etc.)	439kg 540gm
a camen in ag per unitum.					
(iv) No of vehicles used for collection and transportation of biomedical waste	:	1	1	1	1
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of		Qua gene	ntity rated	Who	ere osed

1	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?		
to the state of th	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)
		1	March 18 A Space of the March 1944 Age of the Control of the Contr

Certified	that the above report is for the per	riod from 01.01,2021 to 31.12.2021
		No.

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		Medical Superintendent Name and Signature Hotelstille Runf the Institution

Date: 10/02/22

Place - TB & 2DH, Peré