

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 INCHARGE CHC, GOP |
| | (i) Name of the authorised person | | DR. JASMINE AFROZ |
| | (ii) Name of HCF or CBMWTF | : | MAA KANAKA DURGA ENTERPRISES |
| | (iii) Address for Correspondence | : | CHC., GOP, PURI |
| | (iv) Address of Facility | | CHC., GOP, PURI |
| | (v) Tel. No, Fax. No | : | |
| | (vi) E-mail ID | : | Bpmugop1@gmail.com |
| | (vii) URL of Website | | NA |
| | (viii) GPS coordinates of HCF or CBMWTF | | NA |
| | (ix) Ownership of HCF or CBMWTF | : | NA |
| | (x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules | : | VALID UPTO 31.03.2024 |
| | (xi). Status of Consents under Water Act and Air | : | |

| | Act | | |
|----|---|---|--|
| 2. | Type of Health Care Facility | : | |
| | (i) Bedded Hospital | : | 16 |
| | (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: 1594 KG Red Category : 1261KG White: 46KG Blue Category : 1011 KG General Solid waste: 2.5 TON |
| 5 | Details of the Storage, treatment, transportation, processing and Disposal Facility | | |
| | (i) Details of the on-site storage facility | : | Size : Under construction 70 SQFT |

| | |
|--|---|
| | Capacity : |
| | 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 | | | |
| | | Microwave | | | |
| | | Hydroclave | | | |
| | | Shredder | | | 1155 kg |
| | | Needle tip cutter or Destroyer Sharps | 3 | | |
| | | encapsulation or concrete pit | | - | 41 kg |
| | | Deep burial pits: | 2 | | 46 kg |
| | | | 3 | | 1594 kg |
| | | Chemical disinfection: | 1% hypochloride solution | - | 1011 kg |
| | | Any other treatment equipment: | Liquid waste treatment Syntax tank | | |
| | | | | | |
| (iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum. | | : Red Category (like plastic, glass etc.) 2227 kg | | | |
| (iv) No of vehicles used for collection and transportation of biomedical waste | | : 3 days for weekly | | | |

| (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- Yes

(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.- 2
(according to New BMW Rule
2018

| | | | |
|---|--|--|-----|
| | (ii) number of personnel trained | | 30 |
| | (iii) number of personnel trained at the time of induction | | 20 |
| | (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 | | |
| | (ii) Number of the persons affected | | |
| | (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? | | 1% Hypochloride solution. Low cost technology sintex tank for liquid west management installed at laboratory |
| 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 : | | |

Certified that the above report is for the period from:-

01.01.21 TO 31.12.21

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Name and Signature of the Head of the Institution

Date:

[Handwritten Signature] 03/1/22

Medical Officer /
 G.H.C., Gop, Puri

Medical Officer /
 G.H.C., Gop, Puri

Place **GHC Gop**