



OFFICE OF THE MEDICAL OFFICER I/C, CHC KANAS, PURI  
Phone No. 06752 – 240415, Email- [kanaschc@gmail.com](mailto:kanaschc@gmail.com)



Letter No. 422

Date 04-08-2019

To

The Senior Environmental Scientist,  
Odisha State Pollution Control Board,  
Nayapalli, Bhubaneswar

**Sub: Submission of Revised Annual Report under Bio Medical Waste (Management & Handling) Rules**

Ref: This office letter No. 349 Dt- 19.06.19

Esteemed Sir,

I am submitting herewith Revised Annual Report under Bio Medical Waste (Management & Handling) Rules of CHC Kanas for your kind information.

Yours faithfully,

*[Signature]*  
4.8.2019

Medical Officer I/C, CHC Kanas

Medical Officer I/C  
CHC Kanas, Puri

Encl: As above

**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		<b>Medical Officer I/C CHC Kanas, Puri</b>
	(ii) Name of HCF or CBMWTF	:	<b>CHC Kanas</b>
	(iii) Address for Correspondence	:	<b>AT/PO- Kanas, Puri</b>
	(iv) Address of Facility		<b>Kanas, Puri -752017</b>
	(v) Tel. No, Fax. No	:	<b>06752240415</b>
	(vi) E-mail ID	:	<b>kanaschc@gmail.com</b>
	(vii) URL of Website		
	(viii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	:	<b>State Govt. Owned Hospital</b>
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	<b>Authorisation No. 15435 dated 25/11/2017 valid up to 31/03/2019</b> <b>Applied for Renewal on 20/03/2019 online</b>
	(xi). Status of Consents under Water Act and Air Act	:	<b>N.A</b>
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	<b>No. Of Beds- 16 nos</b>

(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)	:	<b>Yellow Category: 240kg</b> <b>Red Category : 1440 kg</b> <b>White: 360 kg</b> <b>Blue Category : 570kg</b> <b>General Solid waste: 1.5ton</b>
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 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	0	0	0
Plasma Pyrolysis	0	0	0
Autoclaves	1	0.5	18
Microwave	0	0	0
Hydroclave	0	0	0
Shredder	0	0	0
Needle tip cutter or Destroyer Sharps	2	1	5
encapsulation or concrete pit	0	0	0
Deep burial pits:	2	3kg	360kg
	2	5kg	1440kg
Chemical disinfection:		1% disinfection of sharp waste	
Any other treatment equipment:			
		Installation of syntax tank for disinfection of liquid waste by bleaching solution	
(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)	
		2010kg	
(iv) No of vehicles used for collection and transportation of biomedical waste	:	Transported by M/s. Maa Kanakdurga Enterprises	

To

(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	0	0
ETP Sludge	0	0	

(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

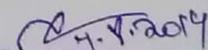
(ii) number of personnel trained		12
(iii) number of personnel trained at the time of induction		12
(iv) number of personnel not undergone any training so far		3
(v) whether standard manual for Training is available?		Yes
(vi) any other information)		
8 Details of the accident occurred during the year		
(i) Number of Accidents occurred		0
(ii) Number of the persons affected		0
(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?		N.A
	Details of Continuous online emission monitoring systems installed		NA
10	Liquid waste generated and treatment Methods in place. How many times you have not met the standards in a Year?		<b>Yes meet the standard</b>
11	Is the disinfection method or sterilization meeting the log 4 Standards? How many times you have not met the standards in a year?		Yes
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) (N.A)

Certified that the above report is for the period from 1<sup>st</sup> January 2018 to 31<sup>st</sup> December 2018.

Date: ~~14-08-2019~~

Place – Kanas

  
 Medical Officer /c  
 CHC Kanas, Puri  
 MO I/C, CHC Kanas  
 Dr. Abhinash Kumar Patra  
 Name and Signature of the Head of the Institution