OFFICE OF THE MEDICAL OFFICER, C.H.C. RAJNAGAR DIST- KENDRAPARA

Letter No	157	/Dt!2	02	2024
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To

The Member Secretary,
State Pollution Control Board,
Paribesh Bhawan, A/118,Nilakantha Nagar, Unit-VIII,
Bhubaneswar -751012,Odisha.

Sub :-Regarding submission of BMW Annual report for the year 2023.

Sir,

With subject cited above, I am submitting herewith the BMW Annual Report for the year 2023 of C.H.C. Rajnagar, Dist:- Kendrapara.

This is for favour of kind information and necessary action.

Yours faithfully

Medical Officer I/c
C.H.C. Rajnagar
Dist- Kendrapara

Memo No. 158 /Dt. 12/02/2024

Copy to the Regional Officer, Regional Office, State Pollution Control Board, Plot No-47, 1st Floor, CMCE Building, Marine Drive Road, Nua Sandhakuda, Paradeep, Dist:-Jagatsinghpur-754142 for favour kind information and necessary action

Medical Officer I/c
C.H.C. Rajnagar
Dist- Kendrapara

Memo No. 159 /Dt. 12/02/2024

Copy to the Chief District Medical & Public Health Officer, Kendrapara for favour kind information and necessary action

Medical Officer I/c C.H.C. Rajnagar Dist- Kendrapara

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)]

SI.	Particulars				
No.	B. ii al. (iii o				
1	Particulars of the Occupier	:	AASSOCIAL ALCOHOLO CALANA		
	(i) Name of the authorized person (occupier	:	MEDICAL OFFICER IN-CHARGE		
-	or : operator of facility)		C.H.C. RAJNAGAR		
	(ii) Name of HCF or CBMWTF	:	C. H.C. RAJNAGAR		
	(iii) Address for Correspondence	:	MEDICAL OFFICER IN-CHARGE		
	(iv) Address of Facility	:	C.H.C. RAJNAGAR		
	(v)Tel. No, Fax. No	:	06729-242802		
	(vi) E-mail ID	:	bpmurajnagar @gmail. com		
	(vii) URL of Website	:	-NO-		
	(viii) GPS coordinates of HCF or CBMWTF	:	-NO-		
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) State Government		
1	(x). Status of Authorization under the Bio-	1:	Authorisation No. 4369 / CPCR		
	Medical		Authorisation No.: 4369/SPCB 2ND-IV-BW-939/Dt-08-		
	Waste (Management and Handling) Rules				
	(xi). Status of Consents under Water Act and	1:	Valid upto:		
	Air		valia apto.		
	Act				
2	Type of Health Care Facility	:			
	(i) Bedded Hospital	:	No. of Beds: <u>S/F (16/16)</u>		
	(ii) Non-bedded hospital		110.0.00000		
	Clinical Laboratory or Research Institute or				
	Veterinary Hospital or any other)				
	(iii) License number and its date of expiry	:			
3	Details of CBMWTF	:			
- III	(i) Number of health care facilities	:	10 000000		
	covered by CBMWTF		NO CBMWTF		
	(ii) No. of Beds covered by CBMWTF	:			
	(iii) Installed treatment and disposal	:	Kg / day		
	capacity of CBMWTF;				
	(iv) Quantity of bio medical waste	:	Kg / day		
	treated or disposed by CBMWTF	- 3	Amually Month?		
1	Quantity of waste generated or disposed in	:	Yellow Category: 1009K3 84K9		
	Kg per Annum (on monthly average basis)		Red Category: 1474K9 122K9		
	o, and a sample		White: 66 Kg 5.5 Kg		
			Blue Category: 8/0K9 67K9		
			General Solid Waste: 1704K9 142K9		
5	Details of the Storage, Treatment, Transportat	ion D			
**	(i) Details of the on-site storage	.ioii, P	Size: /O'X 8/		

	facility			Capacity: Provision of on-site storage: (Cold storage)				
				any other prov	ision)			
	(ii)	Disposal facilities		Type of treatment equipment	No of Units	Capaci Kg/day		
				Incinerators		Vitalia massi dist		
				Plasma Pyrolysis				
				Autoclaves				
				Microwave				
				Hydroclave				
	,			Shredder				
				Needle tip				
				cutter or				
				destroyer				
				Sharps				
				Encapsulation				
				or concrete	-			
				pit				
				Deep burial				
				pits				
				Chemical				
				disinfection:				
				Any other				
				treatment				
				equipment:				
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (Red - 14741 Sept 10 T	(like plastic, glass, etc.) IKg, Blue -810 Kg has DHH, Kendrafara for to			
	(iv)	No. of Vehicles used for	:					
		collection and transportation of biomedical waste		one (Provi	ded b	y Destrect)	
	(v)	Details of incineration ash and			Quant	ity	Where	
		ETP sludge generated and			Gener	ated	disposed	
		disposed during the treatment of		Incineration				
		wastes in Kg per annum		Ash				
				ETP Sludge				
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of		-Sharep - Genera	and h	Body Jaste	parets	
	(vii)	List of member HCF not handed over bio-medical waste.		-~				
6	1950	ave bio-medical waste		- Voe			.T	
		nent committee? If yes, attach of the meetings held during the		- Yes - period Encl	(Jar)-23	to Dec-23)	

7	Details trainings conducted on BMW			
	(i) Number of trainings conducted on BMW Management	2 (two)		
	(ii) Number of personnel trained	57		
	(iii) Number of personnel trained at the time of induction	9		
	(iv) Number of personnel not undergone any training so far	O		
Ĭ	(v) Whether standard manual for training is available?	yes		
8	Details of the accident occurred during the year			
	(i) Number of Accidents occurred	Nîl		
	(ii) Number of persons affected	Nil		
	(iii) Remedial Action taken (Please attach details if any)	NEI		
	(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?	-NA-		
	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?	- Yes -		
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	done to procure of fest materials from District. - After that test will be done.		
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)		

Certified that the above report is for the period from	
Certified that the above report is for the period from $\int a\eta -2023 + 0$ Del-2023:	

Dr. Rashmi Rayan Moharty.
Name and Signature of the Head of the Institution

12.02.2024 C.H.C. RAJNAGAR

Medical Officer I/C C.H.C Rajnagar Kendrapara