



OFFICE OF THE MEDICAL OFFICER I/C CHC, KALIMELA
Email [-chckalimela@gmail.com](mailto:chckalimela@gmail.com)
Phone No:- 06850-272104



Letter No. 271 /BWM/ NHM/21

Dated 13.02.2021

To

The Regional Director, State Pollution Control Board,
Rayagada, Odisha

Sub: - Submission of annual Bio Medical Waste Disposal Report.

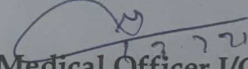
Sir,

Herewith I am sending the annual Bio Medical Waste Disposal Report for the period from 01.01.2020 to 31.12.2020.

This is for favor of your kind information & necessary action.

Yours faithfully,

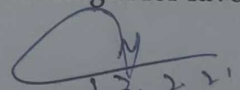
Enclosure:- One page annual report of Bio waste Medical.


Medical Officer I/C
CHC Kalimela
Dist :- Malkangiri

Memo No:-272

Dated 13.02.2021

Copy submitted to the Chief District Medical Officer, Malkangiri for favour of your kind information & necessary action.


Medical Officer I/C
CHC, Kalimela
Dist:- Malkangiri

From-IV
See Rule -13
Annual Report

(Biomedical Waste Management rule-2016)

[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 bio-medical waste treatment facility CBWTF]]


Sl. No	Particulars	
1	Particulars of the occupiers	
	(i) Name of the authorized person (occupier or operator of facility)	DR. MALLICK MOHAMMAD ABID HUSSAIN.
	(ii) Name of the HCF or CBMWTF	COMMUNITY HEALTH CENTER KALIMELA
	(iii) Address for Correspondence	AT:- KALIMELA, PO:- KALIMELA, BLOCK:- KALIMELA, DIST:- MALKANGIRI, ODISHA, 764047
	(iv) Address of Facility	AT:- KALIMELA, PO:- KALIMELA, BLOCK:- KALIMELA, DIST:- MALKANGIRI, ODISHA, 764047
	(v) Tel. No, Fax. No	06850272-285, 204
	(vi) E-mail ID	chckalimela@gmail.com
	(vii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	STATE GOVERNMENT
	(x) Status of Authorization under the Bio-Medical waste Management and Handling) Rules	Authorization No : 12405/IND-IV-BW-911 NO:- 12405/SPCB/AUTHORISATION BIOMEDICAL WASTE) DATE: 19.11.2019 valid up to : 31.03.2020
2	Type of health Care Facility	BEDDED HOSPITAL
	(i) Bedded Hospital	No. of beds : 30
	(ii) Non Bedded Hospital (Clinic or Blood Bank, Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	BLOOD BANK
	(iii) License number and its date of expiry	
3	Details of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	01
	(ii) No of beds covered by CBMWTF	30
	(iii) Installed treatment and disposal capacity of CBMWTF	
	(iv) Quantity of Bio medical waste treated or disposed by CBMWTF	
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 72 KG/PM Red Category : 107/KG/PM White : 6.8 KG/PM Blue Category : 15.5 KG/PM General solid Waste : 675 KG/PM
5	Details of the storage, treatment , transportation, processing and Disposal Facility	
	(i) Details of the on-site storages facility	Size: Capacity

		Provision of on-site storage) cold storage or any other provision			
(ii) Disposal Facilities		Type of treatment equipment	No of units	Capacity Kg / Day	Quantity treated or disposed in Kg per annum
		Incinerators	1	0.200GM	72 KG
		Plasma			
		Pyrolysis			
		Autoclaves			
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroy	4	.1 KG	39 KG
		Sharps encapsulation or concrete pit			
		Deep burial pits:	02	1.2 KG	439 KG
		Chemical disinfection:	04	10 LTRS.	3725 LTRS
		Any other treatment equipments			
(iii)Quantity of recyclable wastes sold to authorize recyclers after treatment in Kg per annum.		Red Category (Like plastics, glass, etc) NIL			
(iv) No of vehicles used for collection and transportation of bio medical waste		NIL			

	(v)Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum.	Incineration Ash ETP Sludge	Quantity generated 72 KG	Where disposed BURIAL PIT
	(vi)Name of the common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of			
	(vii)List of members 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.		YES, 01.07.2020	
7	Details training conducted on BVMW			
	(i)Number of training conducted on BMWM Management		02	
	(ii)Number of personnel trained		39	
	(iii)Number of personnel trained at the time of induction		39	
	(iv)Number of personnel not undergone any training so far		39	
	(v) Whether standard manual for training is available?		YES	
	(vi)Any other information		NO	
8	Details of the accident occurred during the year.		NO	
	Number of Accidents occurred		0	
	Number of the persons affected		0	
	Remedial Action taken (Please attach details if any)		NIL	
	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 standard?		NIL	
	Details of Continuous online emission monitoring systems installed		NO,	
10.	Liquid waste generated and treatment methods in [place. How many times you have not met the standards in a year?		NIL	
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NIL	
12.	Any others relevant information		Air Pollution Control Devices attached with the Incinerator	

Certified that the above report is for the periods from

1ST JANUARY 2020 TO 31ST DECEMEBER 2020


 Name and Signature of the Head of the Institution

Date:- _____

Place : _____