



OFFICE OF THE MEDICAL OFFICER I/C CHC, KALIMELA
Email -chckalimela@gmail.com
Phone No:- 06850-295046



Letter No. 124 /BWM/ NHM/22

Dated 03.02.2022

To

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

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

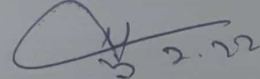
Sir,

Herewith I am sending the annual Bio Medical Waste Disposal Report for the period from 01.01.2021 to 31.12.2021.

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

Yours faithfully,

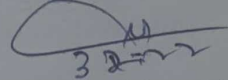
Enclosure:- One page annual report of Bio waste Medical.


Medical Officer I/C
CHC Kalimela
Dist :- Malkangiri

Memo No:-125

Dated 03.02.2022

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]]

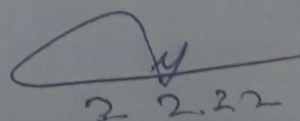
| Sl. No | Particulars | | |
|--------|--|--|---|
| 1 | Particulars of the occupiers | | |
| | (i) Name of the authorized person (occupier or operator of facility) | | DR. MALLICK MOHAMMAD ABID HUSSAIN. |
| | (ii) Name of the HCF or CBMWTF | | COMMUNITY HEALTH CENTER KALIMELA |
| | (iii) Address for 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 | | 06850272-295046 |
| | (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 : 111/IND-IV-BW-911 NO:-3035482/SPCB/AUTHORISATION BIOMEDICAL WASTE) DATE: 04.01.21 valid up to : 31.03.2023 |
| 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 STORAGE UNIT |
| | (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 : 58 KG/PM Red Category : 78/KG/PM White : 4.6 KG/PM Blue Category : 17.5 KG/PM General solid Waste : 572 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 | 58 KG |
| | | Plasma | | | |
| | | Pyrolysis | | | |
| | | Autoclaves | | | |
| | | Microwave | | | |
| | | Hyroclave | | | |
| | | Shredder | | | |
| | | Needle tip cutter or destroy | 4 | .1 KG | 47 KG |
| | | Sharps encapsulation or concrete pit | | | |
| | | Deep burial pits: | 02 | 1.2 KG | 285 KG |
| | | Chemical disinfection: | 04 | 10 LTRS. | 2872 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 58 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, 24.07.2021 | |
| 7 | Details training conducted on BVMW | | | |
| | (i)Number of training conducted on BMWM Management | | 01 | |
| | (ii)Number of personnel trained | | 37 | |
| | (iii)Number of personnel trained at the time of induction | | 37 | |
| | (iv)Number of personnel not undergone any training so far | | 37 | |
| | (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 2021 TO 31ST DECEMEBER 2021


22.22

Name and Signature of the Head of the Institution

Date:- _____

Place : _____



STATE POLLUTION CONTROL BOARD, ODISHA

A/118, Nilakanthanagar, Unit-VIII, Bhubaneswar 751012

Tel: 2562822/2560955, EPABX : 2561909/2562847

E-Mail- paribesh1@spcboard.org



FORM-III (See Rule 10)

AUTHORISATION ORDER

No. 111 / SPCB/Authorization (Biomedical Waste) Date 04.01.2021 /
IND-IV-BW-911 BY SPEED SPOST

Sub: Authorization under Biomedical Waste Management Rules, 2016 and Amendment thereof for operating a facility for generation, collection, reception, treatment, storage and disposal.

APPLICATION NO: 3035482

The Medical Officer, I/c of CHC Kalimela, Malkanagiri an occupier of the facility located at/PO: Kalimela, Dist: Malkanagiri is hereby granted an authorization for;

Activity

Generation and Segregation ✓, Collection ✓, Storage ✓, Packaging ✓, Reception ✓,
Transportation ✓, Treatment ✓ and Recycling ✓

The authorization is valid up to 31.03.2023 for handling wastes generated from 30 no. of beds. For any increase in number of beds, the applicant shall obtain prior permission of the prescribed authority.

An application shall be made by the Occupier for renewal of authorization in Form-II before four months from the date of expiry of this authorization.

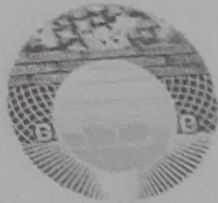
This authorization is subject to the general conditions, standards & special conditions stated below;

(A) GENERAL CONDITIONS:

1. The authorization shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
2. The authorization or its renewal shall be produced for inspection at the request of an officer authorized by the prescribed authority, i. e, State Pollution Control Board, Odisha.
3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the biomedical wastes without obtaining prior permission of the State Pollution Control Board, Odisha.
4. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of his authorization.
5. It is the duty of the occupier to report major accidents including accidents caused by fire hazards, blasts during handling of bio-medical waste and the remedial action taken and the records relevant thereto, (including nil report) in Form-I to the prescribed authority and also along with the annual report.
6. The biomedical waste container shall be labeled as specified schedule-IV of the rules.
7. Untreated Bio-medical waste shall not be stored beyond a period of forty-eight hours.

STATE POLLUTION CONTROL BOARD, ODISHA

A/118, Nilakanthanagar, Unit-VIII, Bhubaneswar 751012
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