

## OFFICE OF THE MEDICAL OFFICER I/c BLOCK PROGRAMME MANAGEMENT UNIT, CHC-PADMAPUR Email:bpmupadmapur@gmail.com Phone: 06857-266141



Letter No: ...66.../NHM /Padmapur

Date: 12/02/24

To

The State Regional Officer State Pollution Control Board Rayagada

Sub: Regarding submission of Annual Report of Bio Medical Waste Management

Sir,

With reference to the subject cited above, I am submitting here with the annual report of Bio Medical Waste management of CHC Padmapur from 01.01.2023 to 31.12.2023.

This is for your kind information and necessary action.

Yours Faithfully

Medical officer I/c, CHC-Padmapur

Memo no. 67 / Padmapur

Dated. 12./02/2024

Copy Submitted to Chief District Medical & Public Health Officer, Rayagada for your kind information and necessary action.

Copy Submitted to the Regional Officer, SPCB, Bhubaneswar for your kind information and necessary action.

Medical officer I/c CHC-Padmapur((Rayagada)

## 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	:	
	(i) Name of the authorised person (occupier or operator of facility)	i	Dr. Rutupasons Pattanair Medical Offices / OHP. Padmapus CHC- Padmapus
	(ii) Name of HCF or CBMWTF	:	CHC- Padmanus
	(iii) Address for Correspondence	:	Aller Pada an Diel Paradi
	(iv) Address of Facility		At/10'. Pado apar Dest. Rayagade:
	(v)Tel. No, Fax. No	:	06857.266141.7539063246
	(vi) E-mail ID	:	Sporpadnapur e gnail. Com
	(vii) URL of Website		NA NA
	(viii) GPS coordinates of HCF or CBMWTF		NA
	(ix) Ownership of HCF or CBMWTF		127
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	÷	Authorisation No.: 10550/5PCB/ Authorisation No.: 10550/5PCB/
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: N. A.
2.	Type of Health Care Facility	:	Good Hospital
	(i) Bedded Hospital	:	Mo. of Beds: 16
	(ii) Non-bedded hospital	:	10
	(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	:	ACA
	(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

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(iv) Quantity of biomedical waste treate by CBMWTF	ed or di	isposed	:		Kg/day		
Quantity of waste generated or disposed annum (on monthly average basis)	l in Kg	; per		Red Ca White: Blue C	ategory		548 33 1.7 24.4
Details of the Storage, treatment, transpo	ortatio	n process	ing an		al Solid		73.65
(i) Details of the on-site storage facility	:	Size Capacit Provision	y: on of o	n-site st			old storage or
(ii) Details of the treatment or disposal facilities	Inc Pla Au Mi Hy Sh Ne des Sha enc con De Ch disi		erators a Pyroclaves oclave der e tip c oyer s sulatio ete pit burial ical ection:	olysis utter or	No of units s	acit	treatedo r disposed
(iii) Quantity of recyclable wastes sold to authorized recyclers after	:	Red Cat		like pla	stic, gla	ss etc.)	
treatment in kg per annum.				-			
(iv) No of vehicles used for collection and transportation of biomedical waste	:	Oge for Co	ren	éele	Med	s bood 8	Dietrict Leon of B
(v) Details of incineration ash and ETP sludge generated and disposed		V		Qua	ntity	W	here



	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	:	SHINE LAUNDRY SERVICES PVT. LTD BHUBANESWAR
	(vii) List of member HCF not handed over bio-medical waste.		
5	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		02
	(i) Number of trainings conducted on BMW Management.		02
	(ii) number of personnel trained		28
	(iii) number of personnel trained at the time of induction		28
	(iv) number of personnel not undergone any training so far		0
	(v) whether standard manual for training is available?		YES
	(vi) any other information)		-
8	Details of the accident occurred during the year		NJL
	(i) Number of Accidents occurred		NJL
	(ii) Number of the persons affected		NIL
	(iii) Remedial Action taken (Please attach details if any)		NIL
	(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		All times we have met strandon
	methods in place. How many times you have not met the standards in a year?		All times we have met stænder tor biqued waste or an egement Generation I treatment. YES.
11	Is the disinfection method or sterilization meeting the log 4		YES.

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standards? How many times you have not met the standards in a year?		16 Tel
Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the pe	eriod from
Ö	1.01.2023 to 31.12 2023
	·····
	$\langle \chi_{\mathcal{O}} \rangle$
	Name and Signature of the Head of the Institution
Date: 12.02, 2024	CHC PADIMAT OF DIST-RAYAGADA
Place CHO. Dal.	DIO.

D P R. Padmapur.

SI No	Name of the Month -		Dod	PADMA			
		Anatomical	Soiled	Total	Red	Blue	White(PPC)
1	Jan-23	18.6	42.4	61.0	24.5	17.1	1.7
2	Feb-23	18.6	42.3	60.9	29.0	18.4	1.7
3	Mar-23	21.4	40.7	62.1	31.4	19.8	1.8
4	Apr-23	15.4	42.7	58.1	30.9	30.3	1.9
5	May-23	23.2	27.3	50.5	22.9	15.7	1.8
6	Jun-23	20.5	30.3	58.8	38.3	27.1	1.8
7	Jul-23	16.8	46.4	63.2	37.9	28.1	2.0
8	Aug-23	20.5	16.8	37.3	40.9	30.8	1.6
9	Sep-23	18.3	15.6	33.9	36.5	25.8	1.4
10	Oct-23	20.7	16.4	36.1	6.1 37.4 28.5		1.6
11	Nov-23	22.5	18.5	41.0	34.4	26.1	1.8
12	Dec-23	38.7	20.3	58.9	32.3	24.7	1.6
TOTAL		255.2	359.6	621.7	396.1	292.3	20.6
Monthly Average		21.3	30.0	51.8	33.0	24.4	1.7

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