

R0044277971IN IVR:82790442779  
RL DERA S.O (759103)  
Counter No:1,26/06/2021,10:30  
To:THE MEMBER SECY SPCB,.  
PIN:751012, Nayapalli S.O  
From:DR S P SAMBIT,.  
Wt:40gms  
Amt:27.00(Cash)  
Track on www.indian



**IC HEALTH OFFICER, CHC GOIDBANDHA**  
**Health & Family Welfare**  
**Government of Odisha**



Letter No: 211

Date: 24.06.2021

Secretary,  
State Pollution Control Board  
Odisha

**Sub: Submission of BMWM Annual Report**

Sir,

With reference to the subject cited above I am submitting here with the Bio Medical waste Management Annual report of CHC Godibandha for the year 2020.

This is for your Kind information and necessary action.

Yours Faithfully

  
Block Public Health Officer  
CHC Godibandha

Memo No: 212

Date: 24.06.2021

Copy submitted to the Regional Office OSPCB, Angul for favour of kind information.

  
Block Public Health Officer  
CHC Godibandha


**FORM -1**  
**[(See rule 4 (o), 5(i) and 15 (2))**  
**ACCIDENT REPORTING**  
**(Biomedical Waste Management rule-2016)**

1. Date and Time accident : Nil
2. Type of Accident-NA
3. Sequence of events leading to accident:... NA
4. Has the Authority been informed immediately: NA
5. The type of waste involved in accident-NA
6. Assessment of the effects of the accidents on human health and environment:NA
7. Emergency measure taken:NA
8. Steps taken to alleviate the effects of accident:NA
9. Steps taken to prevent the recurrence of such an accident:NA
10. Does your facility have an Emergency Control police? If yes give details NA

Date: 24.6.21

Place: Ute Godibandha

Signature: \_\_\_\_\_

  
**Block Public Health Officer**  
Designated: CHC Godibandha, Dist: Angul

**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 Satyapriya Sambit Block Public Health Officer, CHC Godibandha	
	(ii) Name of the HCF or CBMWTF	Community Health Centre, Godibandha	
	(iii) Address for Correspondence	P.O-Radharamanpur, Talcher	
	(iv) Address of Facility	CHC Godibandha	
	(v) Tel. No, Fax. No		
	(vi) E-mail ID	godibandhabpmu@gmail.com	
	(vii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF	(State Government or Private or Semi Govt. or any other)	
	(x) Status of Authorization under the Bio- (Medical waste Management and Handling) Rules	Authorization No .11476/25.10.19 _ valid up to 31.03.2023	
2	Type of health Care Facility		
	(i) Bedded Hospital	No. of beds: 25	
	(ii) Non Bedded Hospital (Clinic or Blood Bank, Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry	11476 /31.03.2023	
3	Details of CBMWTF		
	(i) Number healthcare facilities covered by CBMWTF	Nil	
	(ii) No of beds covered by CBMWTF	Nil	
	(iii) Installed treatment and disposal capacity of CBMWTF	Nil	
	(iv) Quantity of Bio medical waste treated or disposed by CBMWTF	Nil	
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	85.33 kg	Yellow Category- Monthly-7 k.g
		103.7 k.g	Red Category – Monthly-8.5 kg
		30.97 k.g	White – Monthly-2.5 kg
		101.4 k.g	Blue Category-Monthly-8 k.g
		146.36kg	General solid Waste –Monthly-12 K.g
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 unit
		Capacit y Kg / Day	Quantit y treated

*Satya Priya Sambit*  
Block Public Health Officer  
CHC Godibandha, Dist.: Angul


		per annum		
		Incinerators		
		Plasma		
		Pyrolysis		
		Autoclaves		
		Microwave		
		Hyroclave		
		Shredder		
		Needle tip cutter or destroy	4	
		Sharps encapsulation or concrete pit	3	
		Deep burial pits:	2	
		Chemical disinfection:		
		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)		
	(iv) No of vehicles used for collection and transportation of bio medical waste	1		
	(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	Where disposed
	(vi)Name of the common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of			
	(vi)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		



Details training conducted on BMWW		Training conducted at Monthly Meeting
Details training conducted on BMWW		Training conducted at Monthly Meeting
7	(i) Number of training conducted on BMW Management	
	(ii) Number of personnel trained	
	(iii) Number of personnel trained at the time of induction	
	(iv) Number of personnel not undergone any training so far	
	(v) Whether standard manual for training is available?	yes
	(vi) Any other information	
8	Details of the accident occurred during the year.	Nil
	Number of Accidents occurred	NA
	Number of the persons affected	NA
	Remedial Action taken (Please attach details if any)	NA
	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 standard?	
	Details of Continuous online emission monitoring systems installed	
10.	Liquid waste generated and treatment methods in [place. How many times you have not met the standards in a year?	
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	
12.	Any others relevant information	Air Pollution Control Devices attached with the Incinerator

Certified that the above report is for the periods from

January 2020 to December 2021

  
 Name and Signature of the Head of the Institution  
 BHC Godibandha, Dist. Angul

Date:-

Place :