OFFICE OF THE BLOCK PUBLIC HEALTH OFFICER, CHC GOIDBANDHA

Department of Health & Family Welfare

Government of Odisha



Letter No: 126

Date: 67.05.24

To,

The Member 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 2023.

This is for your Kind information and necessary action.

Yours Faithfully

Block Public Health Office

CHC Godibandha

Memo No: 127

Date: 07.05.24

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

Block Public Health Officer

CHC/Godibandha

Memo No: 128

Date: 07.05.24

Copy submitted to the CDM & PHO, 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: Nill
- 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 you facility has an Emergency Control police? If yes give details NA

Date:	0H08 24	Signature:	
Place: _	Godibandha	Designation	

Block Public Health On 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 30the 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)]

SI. No	Particulars							
1	Particulars of the occupiers			15-2-1				
_	(i)Name of the authorized person(occupier or operator of facility)		Dr Satyapriya Sambit					
	(ii) Name of the HCF or CBMWTF		Community He	alth Cer	ntre, Godit	oandha		
	(iii) Address for Correspondence		P.O-Radharam	anpur, 1	alcher			
	(iv) Address of Facility		CHC Godiband	ha				
	(v) Tel. No, Fax. No							
	(vi) E-mail ID		godibandhabp	mu@gm	ail.com			
	(vii) GPS coordinates of HCF or CBMWTF							
	(ix) Ownership of HCF or CBMWTF		Goverment					
	(x) Status of Authorization under the Bio- (Medical waste Management and Handling) Rules		Authorization 31.3.2028valid		2 valid up 1	to		
2	Type of health Care Facility		СНС					
	(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)			2	ř			
	(iii)License number and its date of expiry		1802/8.2.2023					
-	Details of CBMWTF							
3	(i) Number healthcare facilities covered by CBMWTF		22					
	(ii) No of beds covered by CBMWTF		25					
	(iii) Installed treatment and disposal capacity of CBMWTF							
	(iv)Quantity of Bio medical waste treated or disposed by CBMWTF					14		
4	Quantity of waste generated or disposed in	164.573gm	Yellow Catego					
	Kg per annum (on monthly average basis)	272.073	Red Category – Monthly-22.67 gm					
		7.815 gm	White – Monthly- 0.651 gm					
		238.745 gm	Blue Category-Monthly-19.89 gm General solid Waste – Monthly-19.84 gm					
		238.125			MoutuiA-T	9.84 gm		
5	Details of the storage, treatment, transportation, processing and Disposal Facility							
	(i)Details of the on-site storages facility		Size:					
			Capacity			1 -1		
		Ţ	Provision of on-site storage) cold storage or any other provision			a storage		
	(ii) Disposal Facilities		Type of treatment equipment	No of unit	Capacit y Kg / Day	Quanti y treated		
						dispose		

					per annum
			Incinerators Plasma Pyrolysis Autoclaves Microwave Hyroclave Shredder Needle tip cutter or destroy Sharps encapsulation or concrete pit Deep burial pits:	2 1 20 2	
			Chemical disinfection: Any other treatment equipments		185
	(iii)Quantity of recyclable wastes sold to authorize recyclers after treatment in Kg per	r.	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				
	(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		yes		
	meetings held during the reporting period. Details training conducted on BVMW				

	Management	
	(ii)Number of personnel trained	101
	(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.	Nill
	Number of Accidents occurred	NA
	Number of the persons affected	NA
	Remedial Action taken (Please attach details if any)	NA
	Any Fatality occurred, details.	I .
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?	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?	
12.	Any others relevant information	

Certified that the above report is for the periods from

January 2023 t	to December 2023
Date:- 07/05/24 Place: Ute Godobandhe	Name and Signature of the Head of the Institution Block Public Health CHC Godibandha, Dist.: Angul