



OFFICE

POSTAL ORDER NO. 1001/2022
RE. TALCHER S.O. 759193
Counter No: 5.27/04/2022.11.27
TALCHER S.O., STATE POLLUTION
CONTROL BOARD, P.O. TALCHER
Tal: 300000
Amt: 2000 (Cash)



GODIBANDHA



Letter No: 295

Date: 26.04.2022

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 2021.

This is for your Kind information and necessary action.

Yours Faithfully

Block Public Health Officer
CHC Godibandha

Memo No: 296

Date: 26.04.2022

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

Block Public Health Officer
CHC Godibandha

Memo No: 297

Date: 26.04.2022

Copy submitted to the CDM & PHO, Angul for favour of kind information.

Block Public Health Officer
CHC Godibandha

BLOCK PROGRAMME MANAGEMENT UNIT, CHC GODIBANDHA, TALCHER BLOCK, DIST-ANGUL

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 you facility has an Emergency Control police? If yes give details NA

Date: _____

Place: _____

Signature: _____

Designation _____

Block Public Health Officer
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)	128.500 gm 103.560 gm 28.495 gm 118.590 gm 107.250 gm	Yellow Category- Monthly-10.7 k.g Red Category – Monthly-8.6 kg White – Monthly-2.37kg Blue Category-Monthly-9.8 kg General solid Waste –Monthly-8.9 K.g
5	Details of the storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility		Size:
			Capacity
			Provision of on-site storage) cold storage or any other provision

(ii) Disposal Facilities		Type of treatment equipment	No of unit	Capacity Kg / Day	Quantity treated or disposed in Kg 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				

	(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
7	Details training conducted on BVMW		
	(i) Number of training conducted on BMWM Management		1
	(ii) Number of personnel trained		29
	(iii) Number of personnel trained at the time of induction		29
	(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.		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

Block Public Health Officer
CHC Godibandha, Dist.: Angul

Date: _____

Place: _____