

Form – IV
(See rule 13)
ANNUAL REPORT

[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 common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or : operator of facility)	:	Dr. Manas Ranjan Biswal DMO(MS)-cum-Medical Superintendent, Angul
	(ii) Name of HCF or CBMWTF	:	District Headquarter Hospital, Angul
	(iii) Address for Correspondence	:	District Headquarter Hospital, Angul
	(iv) Address of Facility	:	District Headquarter Hospital, Angul
	(v) Tel. No, Fax. No	:	06764 – 232507
	(vi) E-mail ID	:	Angul.dhhodisha.in
	(vii) URL of Website	:	www.angul.nic.in
	(viii) GPS coordinates of HCF or CBMWTF	:	20.840,85.093
	(ix) Ownership of HCF or CBMWTF	:	State Government
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 7097/SPCB/Date-17.07.2019 Valid upto: 31/03/2024
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto: Applied for Authorization
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: <u>300</u>
	(ii) Non-bedded hospital	:	1-Virology laboratory (RT-PCR Lab)
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	
3	Details of CBMWTF	:	
	(i) Number of health care facilities covered by CBMWTF	:	DHH Angul
	(ii) No. of Beds covered by CBMWTF	:	300 Beds
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	_____ Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	_____ Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	<i>Yellow Category:25,471.36Kg/annum</i> <i>Red Category:9,438.56Kg/annum</i> <i>White:439.17Kg/annum</i> <i>Blue Category:6,990.66Kg/annum</i> <i>General Solid Waste:1,92,145Kg/annum</i>
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage	:	Size:50 x 20Sq.ft

facility	Capacity:																																																						
	Provision of on-site storage : Separate storage for each categories																																																						
(ii) Disposal facilities			<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of Units</th> <th>Capacity Kg/day</th> <th>Quantity Treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>Microwave</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>30</td> <td></td> <td></td> </tr> <tr> <td>Sharps</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Encapsulation or concrete pit</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits</td> <td>6</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum	Incinerators	0			Plasma Pyrolysis	0			Autoclaves	1			Microwave	0			Hydroclave	0			Shredder	2			Needle tip cutter or destroyer	30			Sharps				Encapsulation or concrete pit	2			Deep burial pits	6			Chemical disinfection:				Any other treatment equipment:			
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(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.) All recyclable waste are handed over to CBMWTF (Sani clean Pvt.Ltd.)																																																					
(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	2																																																					
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum			Quantity Generated	Where disposed																																																			
		Incineration																																																					
		Ash																																																					
		ETP Sludge																																																					
(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		Sani clean Pvt. Ltd.																																																					
(vii) List of member 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 trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management	Training given on 4 batches in the FY 2021-2022
	(ii) Number of personnel trained	140
	(iii) Number of personnel trained at the time of induction	140
	(iv) Number of personnel not undergone any training so far	0
	(v) Whether standard manual for training is available?	Available
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	Nil
	(ii) Number of persons affected	Nil
	(iii) Remedial Action taken (Please attach details if any)	Nil
	(iv) 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 standards?	Not Applicable
	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?	Low cost liquid treatment facility is available
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	yes
12	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator) No

Certified that the above report is for the period from
.....January 2022 to December 2022


Name and Signature of the Head of the Institution

Date: 26.04.23

Place: DHH, Angul

FORM- 1
[See rule 4(o), 5(i) and 15 (2)]

ACCIDENT REPORTING

1. Date and time of accident : NIL
2. Type of Accident : NIL
3. Sequence of events leading to accident : NIL
4. Has the Authority of been informed immediately : NIL
5. The type of waste involved in accident : NIL
6. Assessment of the effects of the accidents on Human health and the environment : NIL
7. Emergency measures taken : NIL
8. Steps taken to alleviate the effects of accidents : NIL
9. Steps taken to prevent the recurrence of such an accident : NIL
10. Does you facility has Emergency Control policy? : YES

Date : 26.07.23

Place: DHH, Angul

Signature :  26.7.23

Designation : _____

District Medical Officer (Medical Services)
-cum- Superintendent, DHH, Angul