

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. Pramod Kumar Praharaj
	(ii) Name of HCF or CBMWTF	:	Sani Clean
	(iii) Address for Correspondence	:	DISTRICT HEAD QUARTER HOSPITAL, KENDRAPARA
	(iv) Address of Facility		SAME AS ABOVE
	(v) Tel.No, Fax.No	:	06727-233062
	(vi) E-mail ID	:	hdtkendrapara2@gmail.com
	(vii) URL of Website		www.kendrapara.dhhodisha.in
	(viii) GPS coordinates of HCF or CBMWTF		Sachikant Kundu
	(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	:	Valid up to 31.03.24
(xi) Status of Consents under Water Act and Air Act	:	applied	
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 165
	(ii) Non-bedded hospital (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	:	
	(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	

	(iv)Quantity of biomedical waste treated or disposed By CBMWTF		: _____ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	: _____	Yellow Category : 12082.377 Red Category : 7466.793 White: 269.651 Blue Category: 5503.455 General Solid waste: 45530
		: _____	
		: _____	
		: _____	
		: _____	
5	Details of the Storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storage facility	: _____	Size : Capacity: Provision of on-sites storage : (cold storage or Any other provision)
		: _____	
		: _____	
	(ii) Details of the treatment or Disposal facilities	: _____	Type of treatment equipment No of units Cap y Quantity treated or disposed Kg/ day in kg per annum
		: _____	Incinerators -0
		: _____	Plasma Pyrolysis -0
		: _____	Autoclaves -1
		: _____	Microwave -1
	(iii) Quantity of recyclable wastes Sold to authorize recyclers after treatment in kg per annum.	: _____	Hydroclave Shredder-1
		: _____	Needle tip cutter or destroyer- 13
		: _____	Sharps encapsulation or concrete pit -2
		: _____	Deep burial pits:-9
		: _____	Chemical disinfection:
	(iv) No of vehicles used for collection and transportation of biomedical waste	: _____	Any other treatment equipment:
		: _____	
		: _____	
		: _____	
		: _____	
	(v) Details of incineration ash and ETP sludge generated and disposed	: _____	Quantity generated
		: _____	Where disposed

	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	:	
	(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.		4 Batches
	(ii) number of personnel trained		227
	(iii) number of personnel trained at The time of induction		0
	(iv) number of personnel not Under gone any training so far		Yes
	(v) whether standard manual or Trainings available?		
	(vi) any other information)		
8	Details of the accident occurred During the year		
	(i) Number of Accidents occurred		0
	(ii) Number of the persons affected		0
	(iii) Remedial Action taken (Please Attach details if any)		0
	(iv) Any Fatality occurred, details.		0
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		
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 other relevant information	:	(Air Pollution Control Device attached with the Incinerator)

Certified that the above report is for the period from 01-01-2024 to 31-12-2024

~~20/6/25
20/6/25~~

Dr. Pramod Kumar Praharaj

DMO (MS) Cum Superintendent, DHH, Kendrapara
(Name and Signature of the Head of the Institution)

Date: 20/6/25

Place Kendrapara