

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	:	HCF
	(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	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	State Government
	(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 on 01.04.22 for a period of 1 years up to 31.03.2023.	
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Bed: 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 :3661.875 Red Category :1335.877 White:395.331 Blue Category :1646.916 General Solid waste:2150.62																																																																																																																						
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) Details of the treatment or disposal facilities	<table border="1"> <thead> <tr> <th data-bbox="762 598 1008 661">Type of treatment equipment</th> <th data-bbox="1008 598 1101 703">No of units</th> <th data-bbox="1101 598 1193 766">Capacity Kg/day</th> <th data-bbox="1193 598 1439 766">Quantity treated or disposed in kg per annum</th> </tr> </thead> <tbody> <tr> <td data-bbox="762 871 1008 903">Incinerators -</td> <td data-bbox="1008 871 1101 903">0</td> <td data-bbox="1101 871 1193 903"></td> <td data-bbox="1193 871 1439 903"></td> </tr> <tr> <td data-bbox="762 903 1008 934">Plasma Pyrolysis</td> <td data-bbox="1008 903 1101 934">-0</td> <td data-bbox="1101 903 1193 934"></td> <td data-bbox="1193 903 1439 934"></td> </tr> <tr> <td data-bbox="762 934 1008 966">Autoclaves</td> <td data-bbox="1008 934 1101 966">-1</td> <td data-bbox="1101 934 1193 966"></td> <td data-bbox="1193 934 1439 966"></td> </tr> <tr> <td data-bbox="762 966 1008 997">Microwave</td> <td data-bbox="1008 966 1101 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	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		155
	(iii) number of personnel trained at the time of induction		0
	(iv) number of personnel not undergone any training so far		Yes
	(v) whether standard manual for training is 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 Devices attached with the Incinerator)

Certified that the above report is for the period from 01.01.2022 to 31.012.2022

Praharaj
27/6/23

Dr. Pramod Kumar Praharaj

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

Date: 27.06.23
Place: Kendrapara