

STATE POLLUTION CONTROL BOARD, ODISHA
A/118, NILAKANTHA NAGAR, UNIT-VIII BHUBANESWAR -751012

FORM II
(See Rule 10)

APPLICATION FOR AUTHORIZATION OR RENEWEL OF AUTHORISATION
(To be submitted by occupier of Health Care Facility or Common Bio-Medical Waste Treatment Facility)

From

DR PRAMOD KUMAR PRAHARAJ, Government
 DMO MS CUM SUPDT

To

The Member Secretary,
 State Pollution Control Board, ODISHA

1	Particulars of the applicant:			
i)	Name of the applicant	:	DR PRAMOD KUMAR PRAHARAJ, Government	
	Designation	:	DMO MS CUM SUPDT	
ii)	Name of the Institution	:	DHH Kendrapara	
	Address for correspondence	:	At/Po-Samagudia, Sri Baladevjew, Kendrapara	
	Landline phone No	:	067227-233062	
	Mobile No.	:	9439995995	
	E-mail Id	:	hdtkendrapara2@gmail.com	
2	Activity for which authorisation is sought:			
	Generation, segregation, Collection, Storage, Packaging, Reception, Transportation, Treatment or processing or conversion, Recycling, Disposal or destruction use, Offering for sale, transfer			
3 i)	Authorization now Applied For :	:	Renewal	
3 ii)	Previous Authorization Details :			
	Date of Application for BMWA	BMWA Type	Authorisation No	Issued date
	03/12/2015	Renewal	6656	08/04/2018
				Valid date
				31/03/2019
iii)	Status of CTE/CTO-latest consent type, issued date and validity date			
iv)	GPS Coordinates- Lat/Lon of the location of applicant facility(In decimal degress with 6 decimals)		Latitude: (N. Decimal degrees)	
			Longitude: (E. Decimal degrees)	
4 i)	BMW Facility Type		: HCF	
ii)	BMW Facility Status		: HCF-Common Facility Member	

iii)	Address of the location of Health Care Facility or CBMWTF	:	At/Po-Samagudia,Sri Baladevjew,Kendrapara
iv)	CBMWTF-Office and location address of treatment and disposal	:	Ms. Sani Clean Pvt. Limited , Tangiapada, Khurda, Mr. Mahesh Agrawal Phone: (0674) 2556379 / 2553844(06755) 221869 Mobile: 9437077889 / Ms. Sani Clean Pvt. Limited , Tangiapada, Khurda, Mr. Mahesh Agrawal Phone: (0674) 2556379 / 2553844(06755) 221869 Mobile: 9437077889
5)	Details of HCF		
i)	Medical Treatment Facility provided to Outpatients	:	1200
ii)	Medical Treatment Facility provided to Inpatients	:	160
iii)	No of Beds	:	188
iv)	For Non bedded Hospital (Specify)	:	
v)	Total number of inpatients & outpatients treated per month in the HCF	:	40800
vii)	Quantity of BMW handled, treated or disposed:		

Category	Type of Waste	Quantity Generated or collected in Kg/day	Method of Treatment and Disposal as per Schedule-I
Yellow	a) Human Anatomical Waste	6	Incineration
	b) Animal Anatomical Waste	0	Incineration
	c) Soiled Waste	40	Incineration
	d) Expired or Discarded Medicines	0	Incineration
	e) Chemical Solid Waste	0	Incineration
	f) Chemical Liquid Waste		Onsite ETP to treat and conform to the discharge standards
	g) Discarded linen, mattresses, beddings contaminated with blood or body fluid	0	Disinfection followed by Incineration
	h) Microbiology, Biotechnology and other clinical laboratory waste	0	Sterilisation followed by Incineration
Red	Contaminated waste (Recyclable)	20	Autoclaving followed by shredding. Treated waste to be sent to Authorised recyclers or for energy recovery or plastic to Diesel or fuel oil or for road making
White (Translucent)	Waste sharps including Metals	1	Autoclaving followed by shredding. Treated waste to be sent to Iron foundries or sanitary landfill or designated concrete waste sharp pit.
Blue	Glassware	10	Disinfection or Autoclaving or microwaving or hydroclaving and then sent for recycling
	Metallic Body Implants	0	
	Total	77 Kg/Day	

6i) **Mode of Transportation of BMW** : Common Facility Vehicle

ii) **Details of Treatment equipments available for treatment of BMW:**

Sl No	Treatment equipment	No of units	Type and capacity of each unit
1	Incinerators	0	
2	Plasma Pyrolysis	0	
3	Autoclaves	1	
4	Microwave	0	
5	Hydroclave	0	
5	Hydroclave	0	
6	Shredders	1	
7	Needle tip cutter or destroyer	15	
8	Sharp encapsulation or Concrete pit		
9	Deep burial pits	5	
10	Chemical disinfection		
11	Any other treatment equipment		

7 **Details of directions or notices or legal actions if any during the period of earlier authorisation** :

8 **Declaration**

I do hereby declare that the statements made and information given above is true to the best of my knowledge and belief and that I have not concealed any information.
I do also hereby undertake to provide any further information sought by the prescribed Authority in relation to these rules and to fulfil any conditions stipulated by the prescribed Authority.

Date: 16/04/2024

Prakash
23 4.24
Signature of the applicant
Name and Designation
District Medical Officer
(Medical Services)-cum-
Superintendent DHH, Kendrapara

Enclosures: