



**OFFICE OF THE DMO (MS)-Cum-SUPERINTENDENT  
CITY HOSPITAL, BERHAMPUR**

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Letter No. 608.

Berhampur Dated 25/01/2024

To,

The Regional Officer,  
State Pollution Control Board,  
Berhampur, Ganjam, Odisha.

Sub: - Submission of BMW Annual report for the year -2023 of City Hospital, Berhampur, DHH, Ganjam.

Madam/Sir,

With reference to subject cited above, the undersign submitting herewith the annual report of Bio Medical waste management of City Hospital, DHH, Ganjam for the period from 01.01.2023 to 31.12.2023 in the prescribed format (Form -IV) as per mandate of Bio Medical Waste Management Rule 2016 of State pollution Control Board.

Yours Faithfully,

Memo No. 609.

Copy submitted to the DPHO, Ganjam for favor of kind information and necessary action.

*[Handwritten Signature]*  
DMO (MS) cum Superintendent  
City Hospital, Berhampur, Ganjam  
Berhampur Dated 25/01/2024  
(Medical Services), Berhampur,  
City Hospital (DHH), Berhampur, Ganjam

Memo No. 610

Copy submitted to the CDM & PHO Ganjam for favor of kind information and necessary action.

*[Handwritten Signature]*  
DMO (MS) cum Superintendent  
City Hospital, Berhampur, Ganjam  
Berhampur Dated 25/01/2024  
(Medical Services), Berhampur,  
City Hospital (DHH), Berhampur, Ganjam

Memo No. 611

Copy submitted to the Director Public Health, Odisha, Bhubaneswar for favor of kind information.

*[Handwritten Signature]*  
DMO (MS) cum Superintendent  
City Hospital, Berhampur, Ganjam  
Berhampur Dated 25/01/2024  
(Medical Services), Berhampur,  
City Hospital (DHH), Berhampur, Ganjam

*[Handwritten Signature]*  
DMO (MS) cum Superintendent  
City Hospital, Berhampur, Ganjam  
Berhampur Dated 25/01/2024  
(Medical Services), Berhampur,  
City Hospital (DHH), Berhampur, Ganjam

**Form – IV**  
**(See rule 13)**  
**ANNUAL REPORT**

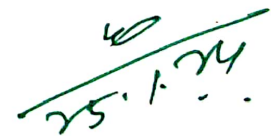
[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

| Sl. No. | Particulars  |   |  |
|---------|--|---|--|
| 1       | Particulars of the Occupier  | : |  |
|         | (i) Name of the authorized person (occupier or : operator of facility)                   | : | Dr Biswambar Behera  |
|         | (ii) Name of HCF or CBMWTF   | : | City Hospital, DHH, Berhampur, Ganjam  |
|         | (iii) Address for Correspondence   | : | City Hospital, DHH, Berhampur, Ganjam  |
|         | (iv) Address of Facility   | : | Near Gate Bazar, Main Road, Berhampur, Ganjam  |
|         | (v) Tel. No, Fax. No   | : | 0680-2224409   |
|         | (vi) E-mail ID   | : | Bchnrhml@gmail.com   |
|         | (vii) URL of Website   | : | -  |
|         | (viii) 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.: <b>5234</b><br>.....<br>.....<br>..... Valid up to <b>31.03.2024</b>  |
|         | (xi). Status of Consents under Water Act and Air Act                                     | : | Valid up to: Applied   |
| 2       | Type of Health Care Facility   | : |  |
|         | (i) Bedded Hospital  | : | No. of Beds: 137(Functional 125)   |
|         | (ii) Non-bedded hospital   | : |  |
|         | 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                                   | : | 1  |
|         | (ii) No. of Beds covered by CBMWTF   | : | 137  |
|         | (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: 285.88KG</i><br><i>Red Category: 461.93KG</i><br><i>White: 17.32 KG</i><br><i>Blue Category: 195.58 KG</i><br><i>General Solid Waste: 1040.74 KG</i> |
| 5       | Details of the Storage, Treatment, Transportation, Processing and Disposal Facility      |   |  |
|         | (i) Details of the on-site storage   | : | Size:  |

|       | facility  | Capacity:  |   |                 |  |
|-------|---|--|---|-----------------|--|
|       |   | Provision of on-site storage : (Cold storage or any other provision) |   |                 |  |
| (ii)  | Disposal facilities   | Type of treatment equipment  | No of Units   | Capacity Kg/day | Quantity Treated or disposed in kg per annum |
|       |   | Incinerators   |   |                 |  |
|       |   | Plasma Pyrolysis   |   |                 |  |
|       |   | Autoclaves   |   |                 |  |
|       |   | Microwave  |   |                 |  |
|       |   | Hydroclave   |   |                 |  |
|       |   | Shredder   |   |                 |  |
|       |   | Needle tip cutter or destroyer                                       |   |                 |  |
|       |   | Sharps   |   |                 |  |
|       |   | Encapsulation or concrete pit  |   |                 |  |
|       |   | Deep burial pits   |   |                 |  |
|       |   | Chemical disinfection:   |   |                 |  |
|       |   | Any other treatment equipment:                                       |   |                 |  |
| (iii) | Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum                                  | :  | Red Category (like plastic, glass, etc.)  |                 |  |
| (iv)  | No. of Vehicles used for collection and transportation of biomedical waste  | :  | 1   |                 |  |
| (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                      |  | M/s Mediaid Marketing Services, Plot no. 3/445.IRC Village, Nayapalli, Bhubaneswar. |                 |  |
| (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   |  | 1   |
|    | (ii) Number of personnel trained  |  | 80  |
|    | (iii) Number of personnel trained at the time of induction  |  | 80  |
|    | (iv) Number of personnel not undergone any training so far  |  |   |
|    | (v) Whether standard manual for training is available?  |  | Yes   |
| 8  | Details of the accident occurred during the year  |  |   |
|    | (i) Number of Accidents occurred  |  | NIL   |
|    | (ii) Number of persons affected   |  |   |
|    | (iii) Remedial Action taken (Please attach details if any)  |  |   |
|    | (iv) Any Fatality occurred, details   |  |   |
| 9  | Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standards?    |  |   |
|    | 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 other relevant information  |  | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from Date: 01.01.2023 to 31.12.2023

  
 Name and Signature of the Head of the Institution  
**District Medical Officer**  
 (Medical Services)-Cum-Superintendent  
 City Hospital (DHH), Berhampur, Ganjam

Date: 25/01/2024

Place: Berhampur, Ganjam