



Letter No 94

Date. 17/06/2020

To,


The Member Secretary,
Regional Office, Rayagada,
287/A, Kasturi nagar,
Rayagada-765001.

Sub:- Submission of annual report for the year 2019.

Sir,


I am submitting herewith the annual report for the year 2019 from 01/January/2019 to 31/December/ 2019 with accident report of same period for favour of your kind information and necessary action.

Yours Sincerely


Superintendent,
CHC Kesinga, Dist. Kalahandi
Dist. Kalahandi, Odisha.

Memo No. 95 Date 17/06/2020

Copy to the Chairman, SPCB Odisha for information and necessary action.


Superintendent,
CHC Kesinga, Dist. Kalahandi
Dist. Kalahandi, Odisha.

Memo No. 96 Date 17/06/2020


Copy to the CDM & PHO, cum DMD Kalahandi for information and necessary action.


Superintendent,
CHC Kesinga, Dist. Kalahandi
Dist. Kalahandi, Odisha.

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 authorised person (occupier or operator of facility)	DR SUBASH CHANDRA BEHERA																																												
	(ii) Name of HCF or CBMWTF	CHC Kesinga																																												
	(iii) Address for Correspondence																																													
	(iv) Address of Facility	At/Po- Kesinga , Dist- Kalahandi , Odisha																																												
	(v) Tel. No, Fax. No	9439028993																																												
	(vi) E-mail ID	ah.kesinga@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 Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation ...6728/SPCB. No.:06.07.2019..... Valid up to...31.03.2023.....																																												
(xi) Status of Consents under Water Act and Air Act	Valid up to:																																													
2	Type of Health Care Facility																																													
	(i) Bedded Hospital	No. of Beds-30																																												
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)																																													
3	Details of CBMWTF																																													
	(i) Number healthcare facilities covered by CBMWTF																																													
	(ii) No of beds covered by CBMWTF																																													
	(iii) Installed treatment and disposal CBMWTF: capacity of CBMWTFKg per day																																												
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)																																													
	Yellow Category	:1108.32 Kg																																												
	Red Category	:340.50 Kg																																												
	White	:42.39 Kg																																												
	Blue Category	:325.6 Kg																																												
	General Solid waste:	4260.5 Kg																																												
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)																																												
	disposal facilities	<table border="1"> <thead> <tr> <th>Type of Treatment Equipment</th> <th>No of Unit</th> <th>Capacity Kg/ day</th> <th>Quantity treated or disposed kg per annum</th> </tr> </thead> <tbody> <tr> <td>Incinerators.....</td> <td>0</td> <td>0</td> <td>.....</td> </tr> <tr> <td>Plasma Pyrolysis.....</td> <td>0</td> <td>0</td> <td>.....</td> </tr> <tr> <td>Autoclaves.....</td> <td>0</td> <td>0</td> <td>.....</td> </tr> <tr> <td>Microwave.....</td> <td>0</td> <td>0</td> <td>.....</td> </tr> <tr> <td>Hydroclave.....</td> <td>0</td> <td>0</td> <td>.....</td> </tr> <tr> <td>Shredder.....</td> <td>0</td> <td>0</td> <td>.....</td> </tr> <tr> <td>Needle tip cutter or destroyer.</td> <td>5</td> <td>0.1 kg</td> <td>.....42.39kg.</td> </tr> <tr> <td>Sharps encapsulation or concrete pit.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits.....</td> <td>5</td> <td>3.03 kg</td> <td>.....1108.32 kg.</td> </tr> <tr> <td>Chemical.....</td> <td>1</td> <td>1.10 kg</td> <td></td> </tr> </tbody> </table>	Type of Treatment Equipment	No of Unit	Capacity Kg/ day	Quantity treated or disposed kg per annum	Incinerators.....	0	0	Plasma Pyrolysis.....	0	0	Autoclaves.....	0	0	Microwave.....	0	0	Hydroclave.....	0	0	Shredder.....	0	0	Needle tip cutter or destroyer.	5	0.1 kg42.39kg.	Sharps encapsulation or concrete pit.				Deep burial pits.....	5	3.03 kg1108.32 kg.	Chemical.....	1	1.10 kg	
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 Superintendent,
 CHC Kesinga, Dist. Kalahandi

	iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.		Red Category (like plastic, glass etc.) 340.50 Kg
	(iv) No of vehicles used for collection and transportation of biomedical waste		
	v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		01
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	0	Quantity 0 generated
	vii) List of member HCF not handed over bio-medical waste.		Where disposed M/S Rabindra Bhoi, Balasore
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		49
	(iii) number of personnel trained at the time of induction		20
	(iv) number of personnel not undergone any training so far		0
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		No
	(ii) Number of the persons affected		No
	(iii) Remedial Action taken (Please attach details if any)		NR
	(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 met 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?		Yes
12	Any other relevant information		

Certified that the above report is for the period from

...01.01.2019 to 31.12.2019.....

Date 17.06.2020
Place KESINGA


Name and Signature of the Head of the Institution
CHC Kesinga, Dist. Kalahandi

FORM - I
[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 :
7. Emergency measures taken :NIL
8. Steps taken to alleviate the effects of accidents:
9. Steps taken to prevent the recurrence of such an accident :
10. Does you facility has Emergency Control policy?
If yes, give details :

Date :...17.06.2020.....

Place- KESINGA.....

Signature

:


Superintendent,
CHC Kesinga; Dist. Kalahandi

Designation

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