



OFFICE OF THE SUPERINTENDENT CHC KESINGA,
DIST-KALAHANDI
(Programme Management Unit)
E-Mail: ah.kesinga@gmail.com



Letter No 66
To,

Date 24.06.2024

The Chairman,
SPCB, Odisha,
Bhubaneswar-751012, Odisha

Sub: - Submission of Annual Report 2023, Accidental report 2023 & E-waste Reprt of CHC Kesinga.

Sir,

I am submitting herewith the following report in provided formats of Bio Medical Waste Management of CHC Kesinga facility for favour of your information and necessary action.

- | | |
|----------------------------|--------------|
| 1. Annual Report 2023- | Annexure-I |
| 2. Accidental Report 2023- | Annexure-II |
| 3. E-Waste 2023- | Annexure-III |

This is for favour of your information and necessary action.

Yours Sincerely

Superintendent

CHC Kesinga, Dist. Kalahandi
CHC Kesinga, Dist. Kalahandi

Memo No. 67 Date. 24.06.2024

Copy to the Member Secretary, RO, Rayagada, Odisha for favour of your information and necessary action.

Superintendent

CHC Kesinga, Dist. Kalahandi
CHC Kesinga, Dist. Kalahandi

Memo No. 68 Date. 24.06.2024

Copy to the DPHO, Kalahandi, Odisha for favour of your information and necessary action.

Superintendent

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

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 (CBMWTF)

Sl. No.	Particulars																																																					
1.	Particulars of the Occupier																																																					
	(i) Name of the authorised person (occupier or operator of facility)	DR PRAYAG PRATISHRITI MAJHI																																																				
	(ii) Name of HCF or CBMWTF	CHC Kesinga																																																				
	(iii) Address for Correspondence	Superintendent, AI-CHC Kesinga Po- Kesinga , Dist- Kalahandi , Odisha 766012																																																				
	(iv) Address of Facility	AUPo- Kesinga , Dist- Kalahandi , Odisha																																																				
	(v) Tel. No, Fax, No	8895352499																																																				
	(vi) E-mail ID	ah.kesinga@gmail.com																																																				
	(vii) URL of Website	chckesinga.in																																																				
	(viii) GPS coordinates of HCF or CBMWTF																																																					
	(ix) Ownership of HCF or CBMWTF	(State Government)																																																				
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	Authorisation ... 16021/IND-IV-BW502 Valid up to...31.03.2024.....																																																				
(xi). Status of Consents under Water Act and Air Act	Valid up to: 13427/IND-I-CON-6908 DT-31.03.2024																																																					
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 CBMWTF Kg per day																																																				
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)																																																					
		Yellow Category :1278.915 Kg																																																				
		Red Category :1077.409 Kg																																																				
		White: 232.108 Kg																																																				
		Blue Category :1329.062 Kg																																																				
	General Solid waste:7982.615 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</th> </tr> </thead> <tbody> <tr> <td>In annum</td> <td></td> <td></td> <td></td> </tr> <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>7</td> <td>0.636 kg</td> <td>.....232.062kg.</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>..... kg</td> <td>..... Kg.</td> </tr> <tr> <td>Chemical.....</td> <td>1</td> <td>..... kg</td> <td>..... Kg</td> </tr> <tr> <td>disinfection:.....</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of Treatment Equipment	No of Unit	Capacity Kg/ day	Quantity treated or disposed kg per	In 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.	7	0.636 kg232.062kg.	Sharps encapsulation or concrete pit.				Deep burial pits:.....	5 kg Kg.	Chemical.....	1 kg Kg	disinfection:.....			
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 Superintendent,
 CHC Kesinga, Dist. Kalahandi


	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. (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 (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.	(Red Category (like plastic, glass etc.) 655.000 Kg 01 0 Quantity 0 Where generated disposed M/S Kanakadurga Enterprises, Bhubaneswar
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. (ii) number of personnel trained (iii) number of personnel trained at the time of induction (iv) number of personnel not undergone any training so far (v) whether standard manual for training is available? (vi) any other information)	1 52 0 0 Yes
8	Details of the accident occurred during the year (i) Number of Accidents occurred (ii) Number of the persons affected (iii) Remedial Action taken (Please attach details if any) (iv) Any Fatality occurred, details.	No No NR
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
 ...01.01.2023 to 31.12.2023.....

.....

Date 24.06.2024
 Place KESINGA

Name and Signature of the Head of the Institution


 Superintendent,
 CHC Kesinga, Dist. Kalahandi

FORM-3

[See rules 4(5), 5(5), 8(6), 9(4), 10(8), 11(9), 13 (1) (xi), 13(2)(v),
13(3)(vii) and 13(4)(v)]

FORM FOR FILING ANNUAL RETURNS

[To be submitted by producer or manufacturer or refurbisher or dismantler or recycler by 30th day of June following the financial year to which that return relates].

Quantity in Metric Tonnes (MT) and numbers

1	Name and address of the producer or manufacturer or refurbisher or dismantler or recycler			
2	Name of the authorised person and complete address with telephone and fax numbers and e-mail address	DR. PRAYAG PRATISHRITI MAJHI, AT-CHC KESINGA, PO-KESINGA, DIST-KALAHANDI, OISHA 766012 PHONE-06670222030, EMAIL-AH.KESINGA@GMAIL.COM		
3	Total quantity of e-waste collected or channelised to recyclers or dismantlers for processing during the year for each category of electrical and electronic equipment listed in the Schedule I (Attach list) by PRODUCERS	During 2023-24		
	Details of the above	TYPE	QUANTITY	No.
3(A)*	BULK CONSUMERS: Quantity of e-waste			
3(B)*	REFURBISHERS: Quantity of e-waste:			
3(C)*	DISMANTLERS: i. Quantity of e-waste processed (Code wise); ii. Details of materials or components recovered and sold; iii. Quantity of e-waste sent to recycler; iv. Residual quantity of e-waste sent to Treatment, Storage and Disposal Facility.			
3(D)*	RECYCLERS: i. Quantity of e-waste processed (Code wise); ii. Details of materials recovered and sold in the market; iii. Details of residue sent to Treatment, Storage and Disposal Facility.			


4	Name and full address of the destination with respect to 3(A)-3(D) above		
5	Type and quantity of materials segregated or recovered from e-waste of different codes as applicable to 3(A)-3(D)	Type	Quantity

✓ Enclose the list of recyclers to whom e-waste have been sent for recycling.

Place Kesinga

Date 24/06/2024

Signature of the authorised person


Superintendent,
CHC Kesinga, Dist. Kalahandi

Note:-

- (1) * Strike off whichever is not applicable
- (2) Provide any other information as stipulated in the conditions to the authoriser
- (3) In case filing on behalf of multiple regional offices, Bulk Consumers and Producers need to add extra rows to 1 & 3(A) with respect to each office.

Reporting year 2023-24
Categories of electrical and electronic equipment including their
components, consumables, parts and spares covered under the
rules

Type	Quantity in number	Remarks
CFL Bulb	10 pcs	
LEB Barlight	4 pcs	
Ceiling Fan	3 pcs	
Wall Fan	2 pcs	
Cooler & moter	2 pcs	
Main switch & MCB	1	
Ceiling fan coil	—	
Fan & motor capacitor	1 / 22 pcs	
Motor Starter	1 pcs	
Print cartridge	5 pcs	
Inverter	—	
Battery	—	
Street light	2 pcs	


Superintendent,
CHC Kesinga, Dist. Kalahandi


FORM-I
[See Rule 4(o),5(i) and 15(2)]
ACCIDENT REPORT

Period 01.01.2023 to 31.12.2023

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 environment :-
7. Emergency measures taken :-
8. Steps taken to alleviate the effects of accidents :-
9. Steps taken to prevent the occurrence of such
an accident. :- :-
10. Does your facility have emergency Control policy?
If yes, give details

Date 24/06/2024

Place Kesinga

Signature 
Designation Superintendent,
CHC Kesinga, Dist. Kalahandi