OFFICE OF THE MEDICAL OFFICER I/C, CHC-PANDRIPANI
Mob No. - 9439989422 & 9439983428
Email – chcpandripani@gmail.com

Letter No. 10 /BPMSU/25 **Dated. 05 / 01 / 2025**

To
The Director State Pollution Control Board,
Odisha, Bhubaneswar

Sub: Submission of Annual Bio Medical Waste Management Report of CHC Pandripani, Dist- Malkangiri for the year of 2024.

Sir,
With reference to the cited above I am submitting here with the Annual Bio Medical Waste Management Report of CHC Pandripani, Dist- Malkangiri for the year of 2024.

This is for favour of your kind information and necessary action.

Yours faithfully,

05/01/25

Medical Officer I/C,
CHC, Pandripani

BPHO
CHC PANDRIPANI

Memo No. 11 /BPMSU/25 **Dated. 05 / 01 / 2025**

Copy submitted to the Regional Officer, SPC Board, Koraput, Odisha for favour of kind information and necessary action.

05/01/25

Medical Officer In-Charge
CHC Pandripani

BPHO
CHC PANDRIPANI

Memo No. 12 /BPMSU/25 **Dated. 05 / 01 / 2025**

Copy submitted to the Chief District Medical & Public Health Officer, Malkangiri for favour of kind information and necessary action.

05/01/25

Medical Officer In-Charge
CHC Pandripani

BPHO
CHC PANDRIPANI

From-IV
See Rule -13
Annual Report
(Biomedical Waste Management rule-2016)

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

Sl. No	Particulars		JANUARY-2024 TO DECEMBER-2024
1	Particulars of the occupiers		DR.NISHANT DASH
	(i)Name of the authorized person(occupier or operator of facility)		DR.NISHANT DASH MEDICAL OFFICER IN-CHARGE, CHC PANDRIPANI
	(ii) Name of the HCF or CBMWTF		CHC PANDRIPANI
	(iii) Address for Correspondence		CHC PANDRIPANI DIST- MALKANGIRI
	(iv) Address of Facility		CHC PANDRIPANI VIA- MATHILI DIST- MALKANGIRI
	(v) Tel. No, Fax. No		7978051481
	(vi) E-mail ID		chcpandripani@gmail.com
	(vii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF		STATE GOVERMENT
	(x) Status of Authorization under the Bio-(Medical waste Management and Handling) Rules		**AUTHORIZATION NO:-** **11788/IND-IV-BW-2388** **DATE:-25.07.2023**
2	Type of health Care Facility		COMMUNITY HEALTH CENTER
	(i)Bedded Hospital		**NO. OF BEDS :- 06 (SIX)**
	(ii)Non Bedded Hospital (Clinic or Blood Bank, Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		NA
	(iii)License number and its date of expiry		GOVERMENT FACILITY
3	Details of CBMWTF		
	(i) Number healthcare facilities covered by CBMWTF		01 (ONE)
	(ii) No of beds covered by CBMWTF		06
	(iii) Installed treatment and disposal capacity of CBMWTF		**22** KG PER DAY
	(iv)Quantity of Bio medical waste treated or disposed by CBMWTF		**19** KG PER DAY
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		Yellow Category :- 730 KG
			Red Category :- 730 KG
			White :- 110 KG
			Blue Category :- 650 KG
			General solid Waste :- 3900
5	Details of the storage, treatment , transportation, processing and Disposal Facility		

	(i)Details of the on-site storages facility		Size:			
			Capacity			
			Provision of on-site storage) cold storage or any other provision **NO**			
	(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			
			Hyroclave			
			Shredder			
			Needle tip cutter or destroy			
			Sharps encapsulation or concrete pit			
			Deep burial pits:			
			Chemical disinfection:			
			Any other treatment equipments			
	(iii)Quantity of recyclable wastes sold to authorize recyclers after treatment in Kg per annum.		Red Category (Like plastics, glass, etc) NIL			
	(iv) No of vehicles used for collection and transportation of bio medical waste		NA			
	(v)Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum.		Incineration Ash ETP Sludge	Quantity generated	Where disposed	

	(vi)Name of the common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		ASH & INCINERATION
	(vii)List of members 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 **MEETING DATES** (10.03.2024,21.04.2024,16.05.2024,19.06.2024,10.07.2024,25.08.2024,22.09.2024,19.10.2024,23.11.2024,23.12.2024)
7	Details training conducted on BVMW		
	(i)Number of training conducted on BMWM Management		4
	(ii)Number of personnel trained		55
	(iii)Number of personnel trained at the time of induction		31
	(iv)Number of personnel not undergone any training so far		O (ZERO)
	(v) Whether standard manual for training is available?		YES
	(vi)Any other information		-
8	Details of the accident occurred during the year.		NIL
	Number of Accidents occurred		NIL
	Number of the persons affected		NIL
	Remedial Action taken (Please attach details if any)		NA
	Any Fatality occurred, details.		NA
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standard?		NA
	Details of Continuous online emission monitoring systems installed		NA
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?		NIL
12.	Any others relevant information		Air Pollution Control Devices attached with the Incinerator

Certified that the above report is for the periods from: - 01ST JANUARY 2024 TO 31ST DECEMBER 2024

05/01/25

Name and Signature of the Head of the Institution

(DR. NISHANT DAFH)

BPHO

CHC PANDRIPANI

Date:-05.01.2025

Place CHC PANDRIPANI