



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

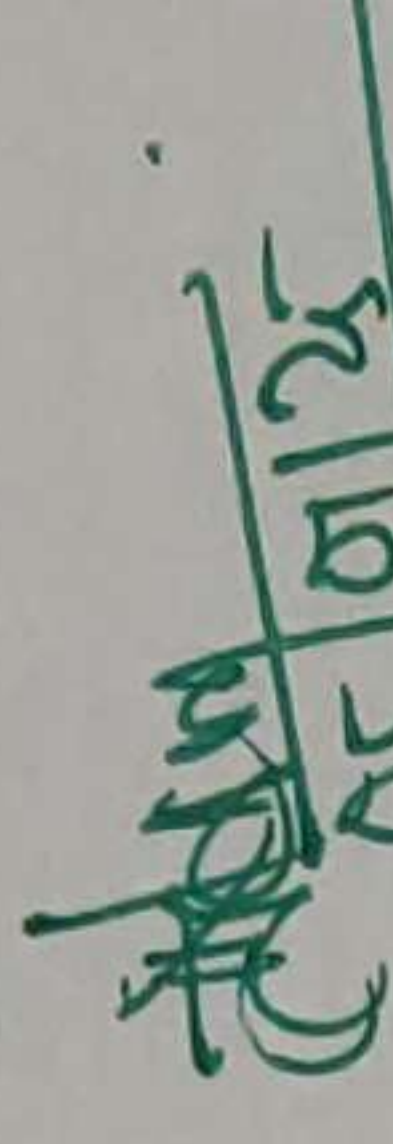
To
The Director State Pollution Control Board,
Odisha, Bhubaneswar

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.

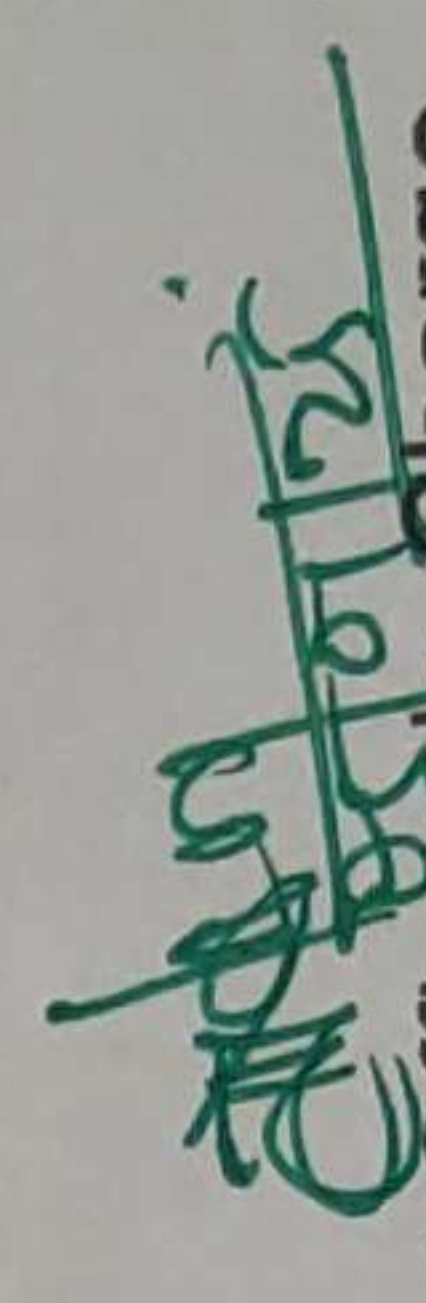
Yours faithfully,


05/01/25
Medical Officer I/C,
CHC Pandripani
CHC PANDRIPANI

Dated. 05 / 01 / 2025

Memo No. 11 /BPMSU/25

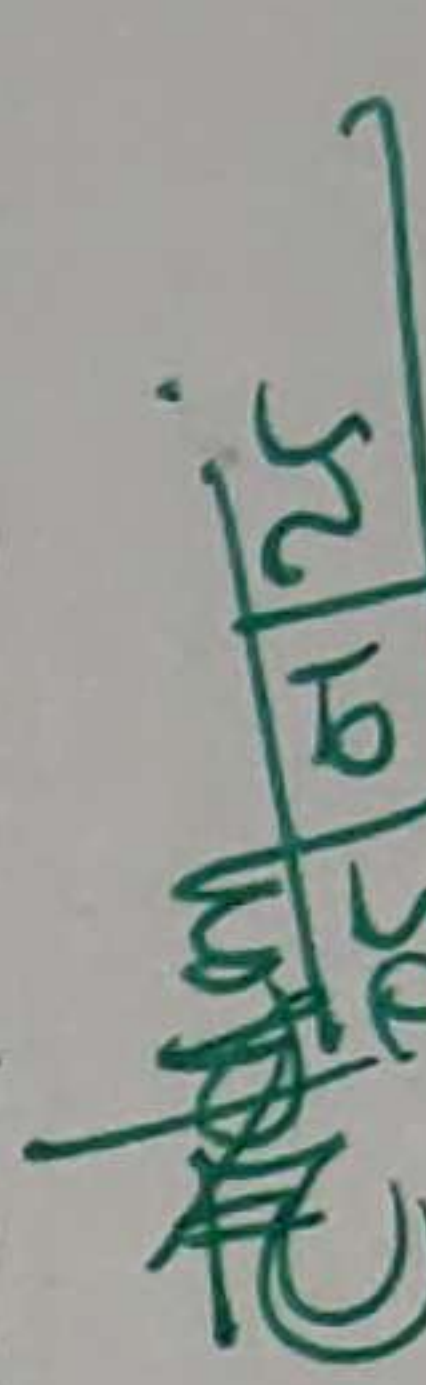
Copy submitted to the Regional Officer, SPC Board, Koraput, Odisha for favour of kind
information and necessary action.


05/01/25
Medical Officer In-Charge
CHC Pandripani
CHC PANDRIPANI

Dated. 05 / 01 / 2025

Memo No. 12 /BPMSU/25

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
CHC PANDRIPANI

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

[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 bio-medical waste treatment facility CBWTF)]

Sl. No	Particulars	JANUARY-2024 TO DECEMBER-2024
1	Particulars of the occupiers (i) Name of the authorized person (occupier or operator of facility) (ii) Name of the HCF or CBMWTF (iii) Address for Correspondence (iv) Address of Facility (v) Tel. No, Fax. No (vi) E-mail ID (vii) GPS coordinates of HCF or CBMWTF (ix) Ownership of HCF or CBMWTF (x) Status of Authorization under the Bio-Medical waste Management and Handling Rules	DR. NISHANT DASH DR. NISHANT DASH MEDICAL OFFICER IN-CHARGE, CHC PANDRIPANI CHC PANDRIPANI CHC PANDRIPANI CHC PANDRIPANI DIST- MALKANGIRI CHC PANDRIPANI VIA- MATHILI DIST- MALKANGIRI 7978051481 chcpandripani@gmail.com STATE GOVERNMENT AUTHORIZATION NO:- 11788/IND-IV-BW-2388 DATE:-25.07.2023 COMMUNITY HEALTH CENTER NO. OF BEDS :- 06 (SIX) NA GOVERNMENT FACILITY
2	Type of health Care Facility (i) Bedded Hospital (ii) Non Bedded Hospital (Clinic or Blood Bank, Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry	01 (ONE) 06 22 KG PER DAY 19 KG PER DAY
3	Details of CBMWTF (i) Number healthcare facilities covered by CBMWTF (ii) No of beds covered by CBMWTF (iii) Installed treatment and disposal capacity of CBMWTF (iv) Quantity of Bio medical waste treated or disposed by CBMWTF	Yellow Category :- 730 KG Red Category :- 730 KG White :- 110 KG Blue Category :- 650 KG General solid Waste :- 3900
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	
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	<table border="1"> <thead> <tr> <th>Type of treatment equipment</th> <th>No of units</th> <th>Capacity Kg / Day</th> <th>Quantity treated or disposed in Kg per annum</th> </tr> </thead> <tbody> <tr><td>Incinerators</td><td></td><td></td><td></td></tr> <tr><td>Plasma</td><td></td><td></td><td></td></tr> <tr><td>Pyrolysis</td><td></td><td></td><td></td></tr> <tr><td>Autoclaves</td><td></td><td></td><td></td></tr> <tr><td>Microwave</td><td></td><td></td><td></td></tr> <tr><td>Hyroclave</td><td></td><td></td><td></td></tr> <tr><td>Shredder</td><td></td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroy</td><td></td><td></td><td></td></tr> <tr><td>Sharps encapsulation or concrete pit</td><td></td><td></td><td></td></tr> <tr><td>Deep burial pits:</td><td></td><td></td><td></td></tr> <tr><td>Chemical disinfection:</td><td></td><td></td><td></td></tr> <tr><td>Any other treatment equipments</td><td></td><td></td><td></td></tr> </tbody> </table>	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			
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(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.	<table border="1"> <thead> <tr> <th>Incineration Ash ETP Sludge</th> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Incineration Ash ETP Sludge	Quantity generated	Where disposed																																																	
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	(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 <u>MEETING DATES</u> (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 BMWWM 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	0 (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

Date:-05.01.2025
Place CHC PANDRIPANI

Name and Signature of the Head of the Institution

(DR. NISHANT DASH)

BPHO

CHC PANDRIPANI