

OFFICE OF THE MEDICAL OFFICER IN CHARGE, CHC KUNDULI BLOCK PROGRAMME MANAGEMENT UNIT (GOVT. OF ODISHA)



Email ID: nhm.bpmukunduli2021@gmail.com

68 /BPMU/2024

Dated- 16 / 02

To

The State Pollution Control Board Bhubaneswar, Odisha

Sub: Regarding submission of Annual Report for the year 2023 of CHC Kunduli.

Madam/Sir,

With reference to the subject cited above I am sending here with the Annual Report of BMW for the Year 2023 of CHC Kunduli.

This is for favour of information and necessary action.

Thanking you

Yours faithfully

Medical Officer

CHC Kunduli

Memo No: 69

Date: 16.02.24

Copy submitted to the CDM & PHO, Koraput for favour of information and necessary action.

CHC Kunduli

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)]

-			
.	Particulars		
0.		:	
.	Particulars of the Occupier	:	T A I V Delen
1	(i) Name of the authorised person (occupier or	•	Dr. Sanjeev Kuman Behena
	operator of facility)		0.11
	(ii) Name of HCF or CBMWTF	:	CHE Kunduli
	(iii) Address for Correspondence	:	CHC Kunduli
	(iv) Address of Facility		Atfpo-Kunduli-764036, Kora
	(v)Tel. No, Fax. No	:	943999523
	(vi) E-mail ID	:	nhm. ppmukunduli 2024 @ 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) Authorisation No.:
	(x). Status of Authorisation under the Bio-Medical	:	Authorisation No.:
	Waste (Management and Handling) Rules		valid up to 31:03-20
	(xi). Status of Consents under Water Act and Air	:	Valid up to:
	Act		
2.		:	
	(i) Bedded Hospital	: -	No. of Beds: 1,6
	(ii) Non-bedded hospital	:	
			25 - 50
	(Clinic or Blood Bank or Clinical Laboratory or		- take
	Research Institute or Veterinary Hospital or any	- 1	
	other) (iii) License number and its date of expiry		
		:	-
E		:	
1	(i) Number healthcare facilities covered by CBMWTF	·	
	(ii) No of beds covered by CBMWTF	:	_
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	Kg per day

	(iv) Quantity of higher digal waste tract	d == d	:	7,			
	(iv) Quantity of biomedical waste treate by CBMWTF	a or a	isposed :	K	g/day		
4.	Quantity of waste generated or disposannum (on monthly average basis)			White: Blue Cat General	egory : IIV-9-3 egory : Solid wa	273 340.4 340.4	137.9 kg. 1.74kg. 8 kg. 162 kg.
5	Details of the Storage, treatment, transportation, processing and Disposal Facility (i) Details of the on-site storage : Size :					ty	
	facility	ļ ·	Capacity:				
			Provision o any other pr		torage	: (col	d storage or
	(ii) Details of the treatment or disposal facilities	:	Type of the equipment	reatment	No of	Cap acit	Quantity treatedo
					unit s	y Kg/ day	r disposed in kg
						day	per annum
			Incinerato Plasma P Autoclave Microway Hydrocla	yrolysis es ve			
			destroyer Sharps			- 4	114·S3kg.
			encapsula concrete j	pit		-	
			Deep buri Chemical disinfection Any other equipment	on: r treatment		•	
	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	;	Red Categor	ry (like plas	tic, glas	s etc.)	
	(iv) No of vehicles used for collection and transportation of biomedical waste	:					
	(v) Details of incineration ash and			Quan			iere
	ETP sludge generated and disposed			gener	ated	dis	posed

		my and a second property of the second proper
	during the treatment of wastes in Kg	Incineration
	per annum	Ash
		ETP Sludge
	(vi) Name of the Common Bio-	
	Medical Waste Treatment Facility	1 5 1
	Operator through which wastes are	· I · · · · · · · · · · · · · · · · · ·
	disposed of	
	(vii) List of member HCF not handed	
	over bio-medical waste.	
6	Do you have bio-medical waste	
	management committee? If yes, attach	Yes.
	minutes of the meetings held during	
	the reporting period	
7	Details trainings conducted on BMW	
1	(i) Number of trainings conducted on	
		02
	BMW Management.	
	(ii) number of personnel trained	S0
	(iii) number of personnel trained at	50
and the same of th	the time of induction	
	(iv) number of personnel not	
	undergone any training so far	N.1
	(v) whether standard manual for	
	training is available?	1 743
	(vi) any other information)	
8	Details of the accident occurred	
	during the year	Nil
	(i) Number of Accidents occurred	
	(ii) Number of the persons affected	
	(iii) Remedial Action taken (Please	_
Section 2	attach details if any)	
	(iv) Any Fatality occurred, details.	_
9.	ine 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	
1	O Liquid waste generated and treatment	Nag
9	methods in place. How many times	
	you have not met the standards in a	
Y Y.	year?	
1	1 Is the disinfection method or	
	sterilization meeting the log 4	
15	0 10g 4	

1		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)

Certifie	ed that the above report is for the period from			
	ed that the above report is for the period from OLOLODAS FO 31/12/	2023	200	
		••••••	•••••	
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	***************************************			••

Name and Signature of the Head of the Institution
Superintonia of the Institution
ChiC Pandul, Korpput

Date: 16/02/24 Place Kunduli