

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



Email ID: nhm.bpmukunduli2024@gmail.com



Ph.No: 06853-250222

Letter No: 05 /BPMU/2025

Dated- 04/01 / 2025

To

**The Pollution Control Board,
Bhubaneswar, Odisha.**

Sub:- Regarding submission of Annual Report for the year 2024 of CHC Kunduli.

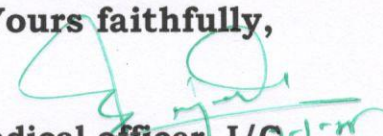
Madam / Sir,

With reference to the subject cited above I am sending herewith the Annual Report of BMW for the year 2024 of CHC Kunduli.

This is for favour of information and necessary action.

Thanking you.

Yours faithfully,


Medical officer, I/C
CHC, Kunduli

Memo No. 06 /2025

Date: 04/01/25

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


Medical Officer I/C
CHC Kunduli

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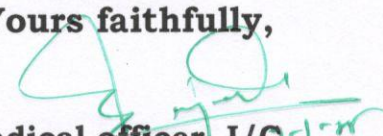
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Form – IV
(See rule 13)

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)]

Sr. No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Dr. Sanjeev Kumar Behena
	(ii) Name of HCF or CBMWTF		CHC Kundali
	(iii) Address for Correspondence	:	CHC Kundali
	(iv) Address of Facility		At/PO - Kundali - 764036, Keonjhar
	(v) Tel. No, Fax. No	:	9439990523
	(vi) E-mail ID	:	hbm.bpmakundali2024@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 No.: ...18820/SPCB dt- 26.11.21...valid up to 31.03.26
	(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: 16..
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	—
	(iii) License number and its date of expiry		—
3.	Details of CBMWTF	:	—

	(i) Number healthcare facilities covered by CBMWTF	:																																																									
	(ii) Number healthcare facilities covered by CBMWTF	:																																																									
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	_____ Kg per day																																																								
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	_____ Kg/day																																																								
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 715.05 kg. Red Category : 479.20 kg. White: 90.29 kg. Blue Category : 294.57 kg. General Solid waste: 920.21 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)																																																								
	(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>Hydroclave</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 destroyer</td><td></td><td></td><td></td></tr> <tr><td>Sharps encapsulation</td><td></td><td></td><td></td></tr> <tr><td>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 equipment:</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				Hydroclave				Shredder				Needle tip cutter or destroyer				Sharps encapsulation				or concrete pit				Deep burial pits:				Chemical Disinfection:				Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	:	Red Category (like plastic, glass etc.)	
	(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		Quantity generated	Where disposed
			Incineration Ash ETP Sludge	
	(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.			
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		02	
	(i) Number of trainings conducted on BMW Management.		802	
	(ii) number of personnel trained		50	
	(iii) number of personnel trained at the time of induction		50	
	(iv) number of personnel not undergone any training so far		Nil.	
	(v) whether standard manual for training is available?		Yes	
	(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 attach details if any)		-	
	(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?	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?	yes
12.	Any other relevant information	: (Air Pollution Control Devices attached with the Incinerator)

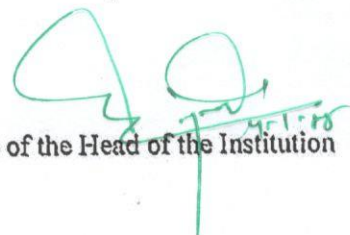
Certified that the above report is for the period from

.....01/01/24 to 31/12/24.....

Date:

04/01/25

Name and Signature of the Head of the Institution



Place

Kenduli