## OFFICE OF THE SUPERINTENDENT, CHC DEPARTMENT OF HEALTH & FAMILY WELF Letter No: E06133065551N IVR:6979613306555 4480 SP JAGANNATH PRASAD S.O <761121> Counter No:1,01/05/2023,13:54 To:MEMBER SECRETARY, BHUBANESHAR <mark>भारतीरा उत्त</mark> To PIN:751012, Nayapalli S.O The Member Secretary, From:SUPDT CHC.J N PRASAD India Po State Pollution Control Board, Odisha. Wt:20gas Amt:41.30(Cash)Tax:6.30 (Track on www.indiapost.gov.in) Sub: Submission of Annual Report in Form – IV of CHC J.I Sir. In inviting reference to the subject cited above, I am herewith submitting the Annual Report in Form – IV(01.01.2022 to 31.12.2022) of CHC J.N Prasad. This is for favour of your information and necessary action. Yours faithfully,

Encl:

1. Annual Report in Form – IV ( 01.01.2022 to 31.12.2022)

Memo No. 4481 /Dt. 25/4/23

To The Regional Officer, State Pollution Control Board, Berhampur, Ganjam for favour of information & necessary action.

Superintendent CHCU!NtPrasad (Ganjam) C Jagannath Prasad

SuperSuperintendent ੇਸਟ encutivi Brasad (Ganjam)

Memo No. 4482 /Dt. 25/4/33

Copy submitted to the Chief District Medical & Public Health Officer, Ganjam, Berhampur for information & necessary action.

Superintendent CHC J.N.Prasad (Seutjam)

## Form- IV (See rule 13)

## ANNUALREPORT

[To be submitted to the prescribed authority on or before 30<sup>th</sup> June every year for the period from January to December of the preceding year, by the occupier of healthcare facility(HCF) or common bio-medical waste treatment facility (CBWTF)

S.No.	Particulars		, , , , , , , , , , , , , , , , , , , ,
1.	Particulars of the Occupier		
	(i) Name of the authorized person (occupier oroperator of facility)	:	Dr. Narayan Behere
	(ii) Name of HCF or CBMWTF	:	CHC J.N Prasad, Ganjam
	(iii) Address for Correspondence	:	O/o: Superintendent, CHC J.N Prasad At/Po: J.N Prasad Dist: Ganjam, PIN - 761121
	(iv) Address of Facility	:	At/Po: J.N Prasad Dist: Ganjam, PIN - 761121
	(v) Tel. No, Fax. No	:	Y .
	(vi) E-mailID	:	bpmujnprasad1@gmail.com
	(vii) URL of Website	:	https://www.chcjnprasad.in
	(viii)GPS coordinates of HCF or CBMWTF	:	7. A SE
	(ix) Ownership of HCF or CBMWTF	:	State Government
	(x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	•	Authorization Number: 17522 Valid Up to: 22.06.2024

No.	Particulars	P.		
	(xi) Status of Consents under Water Act and Air Act	:		
	Type of Health Care Facility	:		
	(i) Bedded Hospital	:	16 beds	
	(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	:	License number 17522 Valid Up to: 22.06.2024	
3.	Details of CBMWTF	:	13	
	(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		- A-	
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category: 42.3 kg Red Category: 91.4 kg	
	(*Interpretation – Month wise and Total Annual Quantity)		White Category: 4.3 Kg	
A .		B 7	Total Waste Generated: 925.9 kg  General Solid waste: 609.4 kg	
5.	Details of the Storage, treatment, trans	spoi	rtation, processing and Disposal Facility	
5.	#Interpretation— Only Point No. (VI) is to be filled by the (Hospital) Occupier (if waste is being handed over to the operator of common Bio-medical Waste treatment facility) & rests of the points are for the operator of common Bio-medical Waste treatment facility.			

No.	Particulars					
	(i) Details of al		-1 1 - 1			
	(i) Details of the on-site storage facility	Size:				110
		Capacity:				
		Provision of on Any other prov	-site sto	rage: (	cold storage	0
	(ii) Disposal facilities	y smer prov	ision)			
		Typeof treatment equipment	No. of units	Capac ity Kg/da y	Quantity treatedor disposedin kg per	
		Incinerators	0	-	annum -	$\left\{ \right.$
		Plasma Pyrolysis	0	-	-	$\left\{ \right.$
	18	Autoclaves	1	-	272.3 kg	}
		Microwave	0	-	-	1
	2	Hydroclave	0		-	$\mathbf{I}$
		Shredder	0	-	-	1
		Needletipcutter or destroyer	03	-	24.2Kg	
		Sharps encapsulationor concrete pit	03		4	
		Deep burial pits:	02	-	435 Kg	1
		Chemical disinfection:	02	-	1084 lot	re
		Any other treatment equipment:	_0		7	
	(iii)Quantity of recyclable wastes  Sold to authorized recyclers after treatment in kg per annum.	Red Category (like plastic, glass etc.) NA				)
	(iv)No of vehicles used for collection and transportation of biomedical waste	NA				
- 91	(v)Details of incineration ash and		Quantity		here	
	ETP sludge generated and	Incineration	generat	ed di	sposed	
	disposed during the treatment of wastes in Kg per annum	Ash ETP Sludge			l v	
*	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of					

S. No.	Particulars	
	(vii) List of member HCF not handed over bio-medical waste	NA
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.	01
	(ii) number of personnel trained	30
	(iii) number of personnel trained at the time of induction	02
	(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	
	(i) Number of Accidents occurred	0
	(ii) Number of the persons affected	Ô
	(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?	NA
	Details of Continuous online emission monitoring systems installed	

S.No.	Particulars  Liquid waste generated and treatment methods in place. How many times you have not met the standards in a	Liquid waste generated and treated with Hypo chloride Solution as per standard
11.	year?  Is the disinfection method or Sterilization meeting the log4 standards? How many times you have not met the standards in a year?  Any other relevant information	-

Certified that the above report is for the period from 01.01.2022 to 31.12.2022.

Date: Jagannethyrasad 25/4/28

Place: J. N. pravad

Name and Signature of the Head as the Institution