

## OFFICE OF THE DISTRICT MEDICAL OFFICER (MS) cum SUPERINTENDENT, RAYAGADA DISTRICT HEAD QUARTER HOSPITAL, RAYAGADA

Email: hdtrayagada@gmail.com, Phone / Fax: 06856-235122

Letter No. . 213 / DMO/ 2021

Date \$5 / 05 / 2021

To.

The Member Secretary State Pollution Control Board Bhubaneswar - 751012

Sub: Submission of Annual Report of BMWM of DHH Rayagada for the year 2020.

Sir,

With reference to subject cited above, I am submitting herewith the Annual Report (Form - IV) of BMWM of District Head Quarter Hospital, Rayagada for the year 2020 for your kind information and necessary action.

Enclosure - Form - IV Annual Report

DMO cum Medical Superintendent,

New os al

DHH, Rayagada

Memo No: 214

Date: 05 / 05 /2021

Copy Submitted to CDM & PHO, Rayagada for favour of kind information.

Copy Submitted to Director Public Health, Odisha for favour of kind information.

DMO cum Medical Superintendent,

## 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)]

SI. No.	Particulars		MERCE LINE A CONTRACTOR
1 Particulars of t	the Occupier	:	
(i) Name of the	(i) Name of the authorized person (occupier or : operator of facility)		DMO cum Medical Supercintende
	ICF or CBMWTF	:	DHH, Rayagada
The state of the s	or Correspondence	:	PO/Dist - Rayagada, 765001
(iv) Address of	Particular State Control of the Cont		Pol Dist - Rayagada, 765001
	(v)Tel. No, Fax. No		06856 - 235122
(vi) E-mail ID		:	hdtrayagada (a) gmail · com
(vii) URL of We		;	
(viii) GPS coord	dinates of HCF or CBMWTF	:	No
The state of the s	of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other) State Govt.
(x). Status of A Medical	ement and Handling) Rules	:	Authorisation No.: 3888 Doted 17.4.19 Valid upto: 31.02.23
	Consents under Water Act and	:	Valid upto: 31 - 03 - 2022
Type of Health	Care Facility	:	
(i) Bedded Hos		:	No. of Beds: 17-6
(ii) Non-bedded		•	
	nber and its date of expiry	:	
Details of CBMV		:	
(i) Number	r of health care facilities by CBMWTF		NIL
1 Confunction Open	eds covered by CBMWTF	1/2	NIL
(iii) Installed	I treatment and disposal of CBMWTF;		NIL_Kg / day
(iv) Quantity	of bio medical waste	2	NILKg / day
	te generated or disposed in	:	Yellow Category: 11822 · 852 Kg
	Kg per Annum (on monthly average basis)		Red Category: 8357.938 Kg
18 Kei William (t			
A CONTRACTOR	CARLE CO.		White: 256 · 898 Kg ·
	STATE OF THE PARTY		Blue Category: 3043 · 964 Kg
N SEE MAN			General Solid Waste:
REDMI NOTE 8 PRO	orage, Treatment, Transportat	ion,	Processing and Disposal Facility
AI QUAD CAMERA	Is of the on-site storage	13	Size:

		facility		Capacity:			
				Provision of on-site storage : (Cold storage ex-			
	(ii)	(ii) Disposal facilities		any other provision)			
				Type of treatment equipment	No of Units	Capacity Kg/day	Treatedor disposed in kg per annum
				Incinerators			
				Plasma Pyrolysis			
				Autoclaves	one	26 kg.	9637-208
				Microwave			
				Hydroclave			
				Shredder	one	15 Kg.	556+3
				Needle tip cutter or destroyer	16		
- 1				Sharps			
				Encapsulation or concrete pit	one	0.71 49	256.89
				Deep burial pits	one	7119.	2512
				Chemical disinfection:			
				Any other treatment equipment:			
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	•	The second secon	(like plastic, glass, etc.) 5510 kg i		
	(iv)	No. of Vehicles used for collection and transportation of biomedical waste	·				
	(v)	Details of incineration ash and ETP sludge generated and			Quar	ntity erated	Where disposed
303/35		disposed during the treatment of wastes in Kg per annum		Incineration			1
				Ash			
1				ETP Sludge			
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of		Not Lin	Ked 1	with	CBMN
1	(vii)	List of member HCF not handed over bio-medical waste.					
Do	you ha	ve bio-medical waste					
CONTRACTOR OF THE PARTY OF THE	NOTE 8	ent committee? If yes, attach Romeetings held during the Benod			Yes		

7	Details trainings	
	(i) Number of	
	on BMW Management	4
	Number of personnel trained	129
	(iii) Number of personnel trained at the time of induction	
	(iv) Number of personnel not undergone any training so far	47
0	(v) Whether standard manual for training is available?	yes
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	2
	(ii) Number of persons affected	2
	(iii) Remedial Action taken (Please attach details if any)	Yes
	(iv) Any Fatality occurred, details	140
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?	Encinerator Nat available
	Details of Continuous online emission monitoring systems installed	No
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	Met all times.
11	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	Met all times.
2	Any other relevant information	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from	January	 	

Qui, 05.21

Name and Signature of the Head With Indication

District Medican Superinter Superinter (Odisha)

(Medical Services) Rayagada (Odisha)

Date: 05.05.2024

Place: Rayagada 
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