

Memo No.....

OFFICE OF THE DISTRICT MEDICAL OFFICER (MEDICAL SERVICES) CUM SUPERINTENDENT DHH DHENKANAL



(ODISHA, 759001)

Email:-admomeddkl@gmail.com

Letter	No- 1158 Date- 27 104
Letter	No- 1158 Date- 27 1041
To,	
	The Member Secretary
	State Pollution Control Board Paribest Bhaban, A/118, Nilakantha Nagar
	Unit -8, Bhubaneswar-751002, Odisha
Sub:	Submission of annual report of biomedical waste management activities of DHH Dhenkanal.
Sir,	
	In inviting a reference to the subject cited above, I am to submit the annual report of Biomedical wa
Manag	gement activities of DHH Dhenkanal for the year 2022 i.e. 01.01.2022 to 31.12.2022.
	This is favour of your kind information and necessary action.
Enclos	ure: Form IV.
	Yours Faithfully
	DMO (MS) cum Superintendant
	DMO (MS) cum Superintendant
Memo	No
	Copy forwarded to DPHO, Dhenkanal for information and necessary action.
	DMO(MS) cum Superintendant
	DMO(MS) cum Superintendant
	No
Memo	No
Dhenk	anal district website.
	may we will the
	DMO (MS) cum Superintendant

Copy submitted to CDM & PHO, Dhenkanal for kind information.
Copy submitted to Director Public Health, Odisha for kind information.

DMO (MS) cum Superintendant DHH Dhenkanal

DHH Dhenkanal

Date 27.1.04123

ODISIIA, /39001

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.	Doutieulove		
No.	Particulars		
1	Particulars of the Occupier	:	
-	(i) Name of the authorized person (occupier	:	D= LAY VPIZCHNA A/AYAK
	or : operator of facility)		DR. JAYKRUSHNA NAYAK
	(ii) Name of HCF or CBMWTF	:	DHH Dhen Kanal Dakhinakali Mundin Road, Kalikanuga Dhenkanal. 759001
	(iii) Address for Correspondence	:	Dathinekali Mundin Road, Kalikanuga
	(iv) Address of Facility	:	Dhenkanal, 759001
	(v)Tel. No, Fax. No	:	
	(vi) E-mail ID	:	browndhenkard, dmoms & od ska
	(vii) URL of Website	:	WWW. dhenkaral · nic.in showing
	(viii) GPS coordinates of HCF or CBMWTF	:	
		:	(State Government or Private or Semi Govt.
	(ix) Ownership of HCF or CBMWTF		or any other)
	(x). Status of Authorization under the Bio-	:	Authorisation No.: 15-2 (MNL) 4 12/01/2023
	Medical		dt 12/0//2023
	Waste (Management and Handling) Rules		Valid upto: 31.103/2023
	(xi). Status of Consents under Water Act and	:	Valid upto: 3/ 03-2023
	Air		
	Act		
2	Type of Health Care Facility	:	17-7
	(i) Bedded Hospital	:	No. of Beds: <u>多の</u>
	(ii) Non-bedded hospital	:	
			-
	Clinical Laboratory or Research Institute or		
	Veterinary Hospital or any other)		
2	(iii) License number and its date of expiry Details of CBMWTF	:	
3	(i) Number of health care facilities	:	
	covered by CBMWTF		·
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal	:	- Kg / day
	capacity of CBMWTF;		
	(iv) Quantity of bio medical waste	:	Kg / day
	treated or disposed by CBMWTF		
4	Quantity of waste generated or disposed in	:	Yellow Category: 9066.575 Kg
	Kg per Annum (on monthly average basis)		Yellow Category:7066.675 KgRed Category:2640.830 Kg
	· · ·		White: 1741.846 58-
			Blue Category: 2055 SSAKS.
			General Solid Waste: 768,057 .03 4.
5	Details of the Storage, Treatment, Transportat	ion, Pr	
	(i) Details of the on-site storage	:	Size: $20f + \times 12f$

		facility		Capacity:				TO .
				Provision	of on-si	te st	orage : (Co	Ld.
				any other	r provisio	on)	0 , 100	120
	(ii	(ii) Disposal facilities		Type of treatment equipmen		o of	Capacity Kg/day	Quant Treate dispos in kg per annun
				Incinerator			-	-
				Plasma Pyrolysis	_		-	
				Autoclaves	0	1	30 59	
				Microwave				
				Hydroclave	-		-	
				Shredder	0	<i>i</i>	65 Kg	-
				Needle tip cutter or destroyer	25			
				Sharps	-			
				Encapsulatio or concrete				
				pit Deep burial	6			
				pits Chemical disinfection:	-			
				Any other treatment equipment:				
	(iii)	Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category	like plas	tic, gl	ass, etc.)	
	(iv)	No. of Vehicles used for	:					
	(v)	collection and transportation of biomedical waste			02			
	(V)	Details of incineration ash and ETP sludge generated and disposed during the treatment of		Incineration	Quanti Genera	•	Where disposed	
		wastes in Kg per annum		Ash	-		_	
	(vi)	Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of		ETP Sludge	-		_	
	(vii)	List of member HCF not handed over bio-medical waste.						
	managem	ve bio-medical waste ent committee? If yes, attach f the meetings held during the		У	es			

, d	Details trainings conducted on BMW	
	'vulliber of trainings conduct	
<i>/</i>	on BMW Management	Asi
	(ii) Number of porse	07
	ratified of personnel trained	0.17
1	, diffice of personnel trained at	216
	the time of induction	
ļ	personnel not	
	undergone any training so far	25
	whether standard manual for	
	training is available?	yes
	Details of the accident occurred during the	
	year year	
	(i) Number of Accidents occurred	
	(ii) Number of persons affected	0
	persons affected	$\overline{\mathcal{O}}$
	(iii) Remedial Action taken (Please attach details if any)	NA
		NM
9		D
	Are you meeting the standards of air	
	Pollution from the incinerator? How	N. f. A.
	many times in last year could not met the standards?	X/A
	Details of Continuous online emission	
10	monitoring systems installed	MA
10	Liquid waste generated and treatment	
	methods in place. How many times you	ð
11	have not met the standards in a year?	V
T T	Is the disinfection method or	
	sterilization meeting the log 4	, h
	standards? How many times you have not	O O
12	met the standards in a year?	
12	Any other relevant information	(Air Pollution Control Devices attached with
		the Incinerator)

Certified that the above report is for the period from
191 Jan 2022 to 3181 Dec 2022
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Name and Signature of the Head of the Institution

Dr. Jaykreishna Nayak

Date: 27/04/2023

Place: Dhenkunal