

OFFICE OF THE SUPERINTENDENT, SUB-DIVISIONAL HOSPITAL, CHITRAKONDA,  
DIST: MALKANGIRI.

Email: [sdhchitrakonda@gmail.com](mailto:sdhchitrakonda@gmail.com)

Letter No. 383 //23. Est. dated Chitrakonda the 15/07/2023

To,

The Member Secretary,  
State Pollution Control Board, Odisha.  
Department of Forest and Environment, Govt. of India.  
Paribesh Bhawan, A/118, Nilakantha Nagar, Unit-VIII  
Bhubaneswar-751012.

Sub:

Submission of BIO- Medical Waste Management Annual Report of SDH  
Chitrakonda for the Year 2022.

Sir,

I am submitting here with the Annual report for BIO-Medical Waste  
Management for the Year-2022 of SDH Chitrakonda for taking further action at  
this end.

This is for favour of your kind information & necessary action.

Yours faithfully,

15-7-2023

Superintendent  
SDH Chitrakonda, Dist: Malkangiri.  
Sub-Divisional Hospital, Chitrakonda  
Dist- Malkangiri

Memo No 384 23.

Date. 15/07/2023

Copy submitted to the Regional Officer, OSPCB, Rayagada for information & necessary action.

Memo No 385 23.

Date. 15/07/2023

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

15-7-2023

Superintendent  
SDH Chitrakonda, Dist: Malkangiri.  
Sub-Divisional Hospital, Chitrakonda  
Dist- Malkangiri

15-7-2023  
Superintendent  
SDH Chitrakonda, Dist: Malkangiri.  
Sub-Divisional Hospital, Chitrakonda  
Dist- Malkangiri

ofc

**Form - IV**  
**(See rule 13)**  
**ANNUAL REPORT**

[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 health care facility (HCF) or common bio-medical waste treatment facility (CBWTF)]

Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	
	(ii) Name of HCF or CBMWTF	:	DR. K. CH. MOHANTHA
	(iii) Address for Correspondence	:	S.D.H, CHITRAKONDA
	(iv) Address of Facility	:	LDH, CHITRAKONDA
	(v) Tel. No, Fax. No	:	PT- MALKANURU ST- O.PISHA
	(vi) E-mail ID	:	
	(vii) URL of Website	:	sdhchitrukonda@gmail.com
	(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.: ...20.95..... .....valid up to 31/03/2023 (Renewal)
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	
	(ii) Non-bedded hospital	:	No. of Beds:..... 40
	(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	:	01
	(ii) No of beds covered by CBMWTF	:	40
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	16kg Kg per day

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF :	644 Kg/day																																																				
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category : 426.117 gm Red Category : 846.110 gm White: 13.523 gm Blue Category: 396.992 gm General Solid waste: 1182.550 gm																																																				
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) Details of the treatment or 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 Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>01</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>01</td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>06</td> <td></td> <td></td> </tr> <tr> <td>Sharps</td> <td></td> <td></td> <td></td> </tr> <tr> <td>encapsulation or concrete pit</td> <td>01</td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td>01</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td>02</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	01			Microwave				Hydroclave				Shredder	01			Needle tip cutter or destroyer	06			Sharps				encapsulation or concrete pit	01			Deep burial pits:	01			Chemical disinfection:	02			Any other treatment equipment:			
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.	800 kg																																																				
	(iv) No of vehicles used for collection and transportation of biomedical waste	01																																																				
	(v) Details of incineration ash and ETP sludge generated and disposed	Quantity generated : Where disposed :																																																				

	during the treatment of wastes in Kg per annum	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	
	(i) Number of trainings conducted on BMW Management.	TWO
	(ii) number of personnel trained	
	(iii) number of personnel trained at the time of induction	60
	(iv) number of personnel not undergone any training so far	
	(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	03
	(ii) Number of the persons affected	NIL
	(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?		
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

.....1st JANUARY 2022.....31 DECEMBER 2022.....one.....  
 .....T.N.Ve.....  
 .....  
 .....

*15/07/2023*  
**Superintendent**  
 Name and Signature of the Head of the Institution  
**Sub-Divisional Hospital, Chittrakonda**  
**Dist.-Malkangiri**

Date: 15/07/2023  
 Place: SDH, CHITRAKONDA.