



(06626) 244500  
OFFICE OF THE SUPERINTENDENT, SUB DIVISIONAL HOSPITAL,  
AT/PO/PS-BONAI, /DIST. -SUNDARGARH, 770 038  
suptsdhbonai@gmail.com



Letter no. 1590

Date 28/12/2023

To  
DIO NIC,  
Sundargarh.

Sub:- Regarding upload of annual report BMWM of SDH Bonai. (ବୈଦ୍ୟ ସର୍ବିସ ସମ୍ବନ୍ଧୀୟ ବାର୍ଷିକ ରିପୋର୍ଟ ଉପଲବ୍ଧି କରିବା ପାଇଁ)

Sir,  
Inviting reference to the subject cited above, I am submitting herewith the annual report of BMWM of SDH Bonai from January 2022-Dece 2022 for pload in district website.

This is for favour of your information and necessary action.

Encl:- BMWM Annual report

Your's faithfully

  
28.12.23

Superintendent  
Sub Divisional Hospital Bonai  
Dist-Sundargarh

**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)]

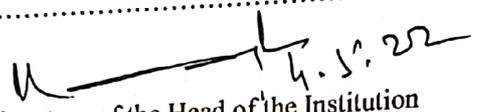
Sl. No.	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	DR. MANOJ KU. PATI
	(ii) Name of HCF or CBMWTF	:	SDH BONAI
	(iii) Address for Correspondence	:	BONAI, DIST-SUNDARGARH
	(iv) Address of Facility	:	
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	Suptsdhbonai@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.: 3986/SPCB/Authorisation/ 31/3/18 - 266 valid up to 31/03/2023
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: under process
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds:..... 66
	(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) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA 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)	:	<table border="1"> <tr> <td>Yellow Category</td> <td>: 142.08</td> </tr> <tr> <td>Red Category</td> <td>: 181.06</td> </tr> <tr> <td>White:</td> <td>21.55</td> </tr> <tr> <td>Blue Category</td> <td>: 133.63</td> </tr> <tr> <td>General Solid waste:</td> <td></td> </tr> </table>	Yellow Category	: 142.08	Red Category	: 181.06	White:	21.55	Blue Category	: 133.63	General Solid waste:																																							
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5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility	:	<table border="1"> <tr> <td>Size</td> <td>: 120 sq. ft</td> </tr> <tr> <td>Capacity</td> <td>: 115 kg'</td> </tr> <tr> <td>Provision of on-site storage or any other provision</td> <td>: (cold storage or No)</td> </tr> </table>	Size	: 120 sq. ft	Capacity	: 115 kg'	Provision of on-site storage or any other provision	: (cold storage or No)																																										
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	(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>0</td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>0</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>1</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>1</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 or concrete pit</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>Deep burial pits:</td> <td>2</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td>2</td> <td></td> <td>(Liquid waste mgmt)</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	0			Plasma Pyrolysis	0			Autoclaves	1			Microwave				Hydroclave				Shredder	1			Needle tip cutter or destroyer				Sharps encapsulation or concrete pit	2			Deep burial pits:	2			Chemical disinfection:	2		(Liquid waste mgmt)	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.) Handled by Outsourcing Agency																																																
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	1 Handled by outsourcing Agency																																																
	(v) Details of incineration ash and ETP sludge generated and disposed	:	<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed																																														
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	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	Medicaid Marketing Services Bhubaneswar CBWTF established at Majupada, SNG.
	(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	1
	(i) Number of trainings conducted on BMW Management.	70
	(ii) number of personnel trained	
	(iii) number of personnel trained at the time of induction	20
	(iv) number of personnel not undergone any training so far	
	(v) whether standard manual for training is available?	SOPs, Videos of segregation PPTS.
	(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	0
	(iii) Remedial Action taken (Please attach details if any)	NA
	(iv) Any Fatality occurred, details.	NA
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	NA
10	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	
11	Is the disinfection method or sterilization meeting the log 4	

	standards? How many times you have not met the standards in a year?		0
12	Any other relevant information	:	(Air Pollution Control Devices attached with the Incinerator) No incinerators.

Certified that the above report is for the period from January 2022 to December 2022  
 .....  
 .....  
 .....

  
 Name and Signature of the Head of the Institution

Date: 4/5/2023  
 Place Bonai