



OFFICE OF THE MEDICAL SUPERINTENDENT, CHC DELANG, DIST-PURI



Block Programme Management Unit, Delang, Email: bpmudelang22@gmail.com

Letter No / Order No 1033.....Date 30/12/2024..

To,

The Member Secretary,
Odisha State Pollution Control Board, Odisha

Sub: - Submission of Annual report of CHC Delang

Sir,

I am herewith submitting the annual report in Form IV of CHC Delang for the year from January 2024 to December 2024 for further action at your end.

Encl - Form IV

[Signature]
30/12/24
Medical Superintendent
CHC Delang

Memo. No 1034 Date 30/12/24

Copy submitted to the CDM& PHO, Puri for favor of kind information.

[Signature]
Superintendent
CHC Delang
Medical Superintendent
CHC Delang, Puri



**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)]

Sl. No.	Particulars		
1.	Particulars of the Occupier (occupier or :operator of facility)		Superintendent CHC Delang
	(i) Name of the authorised person		Superintendent CHC Delang
	(ii) Name of HCF or CBMWTF	:	CHC Delang
	(iii) Address for Correspondence	:	Superintendent CHC Delang
	(iv) Address of Facility		CHC Delang
	(v) Tel. No, Fax. No	:	06758-242255
	(vi) E-mail ID	:	bpmudelang22@g mail.com
	(vii) URL of Website		Under Process
	(viii) GPS coordinates of HCF or CBMWTF		33.68 East & 181.52 South
	(ix) Ownership of HCF or CBMWTF	:	(State Government)
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 8587/SPCB Authorisation Bio medical Waste /Dated 21.08.2019 .valid up to 31.03.2024

	(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.03.2024
2.	Type of Health Care Facility	:	Community Health Center
	(i) Bedded Hospital	:	No. of Beds: 16
	(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	:	16 Bedded ✓
	(ii) No of beds covered by CBMWTF	:	100 Kg per day ✓
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	12.8 Kg/day
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	Yellow Category : 40 kg ✓ Red Category : 28 kg ✓ White: 3 ✓
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	

5	Details of the Storage, treatment, transportation, processing and Disposal Facility		Blue Category : 10 kg ✓
			General Solid waste: 90 kg ✓
(i) Details of the on-site storage facility			
Size :		90 Sq Ft	
Capacity :		150 kg	
Provision of on-site storage :		(cold storage or any other provision)	

disposal facilities	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum
	Incinerators			
	Plasma Pyrolysis			
	Autoclaves	2		
	Microwave			
	Hydroclave			
	Shredder	1		
	Needle tip cutter or Destroyer Sharps	3 nos	-	
	encapsulation or concrete pit	2	-	
	Deep burial pits:	2	-	
	Chemical disinfection:			
	Any other treatment equipment:			
(iii) Quantity of recyclable wastes :	Red Category (like plastic, glass etc.)			

sold to authorize recyclers after treatment in kg per annum.			
(iv) No of vehicles used for collection and transportation of biomedical waste	:		
(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	Quantity generated		Where disposed
	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

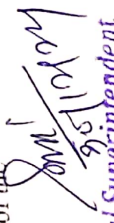
7 Details trainings conducted on BMW

(i) Number of trainings conducted on BMW Management.

(ii) number of personnel trained	40
(iii) number of personnel trained at the time of induction	20
(iv) number of personnel not undergone any training so far	0
(v) whether standard manual for training is available?	Yes
(vi) any other information)	No

Details of the accident occurred during the year	
(i) Number of Accidents occurred	
(ii) Number of the persons affected	
(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?	
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	

Certified that the above report is for the period from 1st January 2024 to 31st December 2024
of the institution CHC Delang

Name and Signature of the Head of the
Institution 
Medical Superintendent
CHC Delang, Puri

Date:

Place