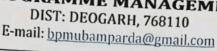


## OFFICE OF THE SUPERINTENDENT, CHC BARKOTE, DEOGARH

NATIONAL HEALTH MISSION, DEOGARH BLOCK PROGRAMME MANAGEMENT UNIT,





Letter No 433

Date 07.06.24

To,

The Member Secretary, State Pollution Control Board, Paribesh Bhawan, A/118, Nilakantha Nagar, Unit –VIII, Bhubaneswar – 751 012, Odisha

Sub,-

Regarding submission of Annual Report of Bio Medical Waste Management.

Sir,

With reference to the subject cited above, I am submitting herewith the Annual Report on Bio Medical Waste Management of CHC Barkote, Dist.- Deogarh for the period from Dt.- 01/01/2024 to 31/12/2024 in the prescribed format.

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

Yours faithfully

Superintender CHC Barkote

Dist.- Deogarlf

Encls.- Annual Report Format on Bio Medical Waste Management

(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

	to December of the preceding (CBWTF)] lical Waste Treatment Facility (CBWTF)]  Particulars		-							
No.	of the Occupier.	Dr. Babı	Singh							
	Particulars of the Occupier:  (i) Name of the authorised person  (ii) Name of the facility):		nity Health Centr	e, Barkote	e.					
	(i) Name of the additional (occupier or operator of facility):	nity Health Centr	e, Barkote e, Barkote, At/PO- Barkote in - 768110							
	Cabo HCE or CBIVIVVII.	inity Health Centr	in - 768110	-						
	(ii) Name of the Her o	naerice. Dist -Dec		Rarkote, Att						
	(iv) Address of facility: Com		Dist –Deogarh, Odisha, Pin - 768110							
							76020	91690 <sub>bamparda@gmai</sub>	l.com	
							(v)Tel. No./ Fax No.:	bpmu	Dampar	
		(vi) E-mail ID :								
		+								
	(vii) URL of Website: (viii) GPS coordinates of HCF or CBMWTF: (viii) GPS coordinates of HCF or CBMWTF (State	Custo	Government							
	(viii) GPS coordinates of CBMWTF (State		dove							
	(viii) GPS coordinates of HCF or CBMWTF (State (ix) Ownership of HCF or CBMWTF (State Government or Private or Semi Govt. or									
	Government of The									
	any other):	-								
	any other):  (x) Status of authorisation under the Bio  (Management and	1								
	(x) Status of authorisate Medical Waste (Management and									
	Menical	+-								
	Handling) Rules:  (xi) Status of Consents under water Advantage (xii) Status of Consents under water Advantage (xiii) Status of Consents under water Advantage (xiiii) Status of Consents under water Advantage (xiiii) Status of Consents under water Advantage (xiiii) Status of Consents under water Advantage (xiiiii) Status of Consents under water Advantage (xiiii) Status of Consents under water Advantage (xiiii) Status of Consents under water Advantage (xiiii) Status of Consents under water Advantage (xiiiii) Status of Consents under water Advantage (xiiiii) Status of Consents under water Advantage (xiiiii) Status of Consents under water Advantage (xiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	t								
	(xi) Status of Conseins and									
		ADDRESS CYL MICH.	10							
	- F Hoalth Care Facility	No	of Beds: 16							
2.	(i) Bedded Hospital : Yes	-								
	(i) Bedded Hospital:									
	(ii) Non-bedded hospital :	cal								
	(ii) Non-bedded Hospa (Clinic or Blood Bank or Clinic (Clinic or research Institute Laboratory or research Institute	or								
	Veterinary Hospital or any other)  Veterinary Hospital or any other)	of								
	Veterinary Hospital or any other, (iii) License number and its date	01								
	(iii) License Humber									
	ovniry:									
	Details of CBMWTF:	red								
3.	(i) Number healthcare facilities cover	ileu								
	(i) Number Heart									
	by CBMWTF:									
	- f hode covered by	oosal								
	(iii) No. of beus covers  (iii) Installed treatment and disp	,034.	STATE OF THE STATE							
6 3 5 7	(III)IIIStance									
	capacity of CBMWTF :	-tod								
	of hiomedical waste tre	eateu								
	(iv) Quantity of biomedical waste tro									
	or disposed by CBIVIVVIII.		Dad	594 Kg						
	to generated or dis	posed	Red-	469 Kg						
4.	Quantity of waste generated	erage	Yellow-							
4.	Quantity of waste generated in Kg per annum (on monthly average basis):		Blue-	564 Kg						
				705 Kg	Marine Contract of the Contrac					
			Black-							
	The second secon		Jerry Cane-	70 Kg	And the second s					
			Jerry Carre	ing and Disposal Facilit	Υ					
	Details of the Storage, treatment, transportation, processing and Disposal Facility  The wastes are collected in the colour coated bins in									
	treatment. I	lalispo		U- stad in the Coll	ul cource					

## 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)]

SI. I	No. Particulars	F)]
1.	- trediais	
	Particulars of the Occupier:	
	(i) Name of the authorised pers	on Dr. Babu Singh
	(occupier or operator of facility):	
	(ii) Name of the HCF or CBMWTF:	Community Health Centre, Barkote
	(iii) Address for Correspondence :	Community Health Centre, Barkote, At/PO- Barkote,
	(iv) Address CC III	Dist –Deogarh, Odisha, Pin - 768110
	(iv) Address of facility:	Community Health Centre, Barkote, At/PO- Barkote,
	/WTol No /5	Dist –Deogarh, Odisha, Pin - 768110
	(v)Tel. No./ Fax No. :	7682091690
	(vi) E-mail ID :	bpmubamparda@gmail.com
	(vii) URL of Website :	
	(viii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF (Stat	
	Government or Private or Semi Govt. o	
	any other) :	
	(x) Status of authorisation under the Bio	
	Medical Waste (Management and	
	Handling) Rules :	
	(xi) Status of Consents under water Act	
	and Air Act :	
	Type of Health Care Facility :	
•		No of Body 46
	(i) Bedded Hospital : Yes	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:	
	Details of CBMWTF:	
	(i) Number healthcare facilities covered	-
	by CBMWTF:	
	(ii) No. of beds covered by CBMWTF:	mark the second of the second
1	(iii)Installed treatment and disposal	ulan .
	capacity of CBMWTF :	
-	capacity of ebiviveri .	
	(iv) Quantity of biomedical waste treated	
1	or disposed by CBMWTF:	
-	2	D. I. FOAK
		Red- 594 Kg
		Yellow- 469 Kg
b	pasis):	Blue- 564 Kg
	E	Black- 705 Kg
	To the second se	erry Cane- 70 Kg
De	etails of the Storage, treatment, transportat	
(1)	Details of the on-site storage facility:	he wastes are collected in the colour coated bins in all

5.