



OFFICE OF THE SUPERINTENDENT, SUB DIVISIONAL HOSPITAL, ATHMALLIK,
(SDH PROGRAMME MANAGEMENT UNIT)

Letter No. 298 /

Date. 03/06/25

To

The Regional Officer,
State Pollution Control Board, Angul

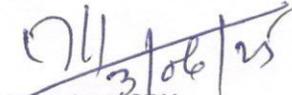
Sub: - Submission of Annual Report of Bio Medical Waste Management of SDH, Athmallik, Dist:, Angul

Sir,
With reference to the subject matter cited above, I am submitting herewith the Bio-Medical Waste Management Annual Report of Sub Divisional Hospital, Athmallik for the period of January'2024 to December'2024.

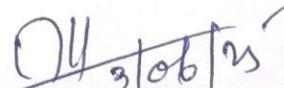
This is for favor of your kind information & necessary action.

Enc: - 1. Annual Report- 1 copy

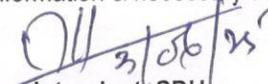
Yours Faithfully,


Superintendent, SDH,
Athmallik, Angul

Memo No. 299 /NHM Date. 03/06/25
Copy forwarded to DPHO, Angul for information & necessary action.


Superintendent, SDH,
Athmallik, Angul

Memo No. 300 /NHM Date. 03/06/25
Copy submitted to CDM& PHO-Cum District Mission Director, NHM, Angul for information & necessary action.


Superintendent, SDH,
Athmallik, Angul

Form – IV
(See rule 13) ANNUAL

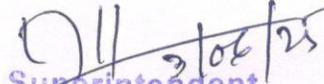
REPORT

[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)]

Sr. No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	DR. ASHOK KUMAR MALLIK, SUPERINTENDENT, SDH, ATHMALLIK SUB DIVISIONAL HOSPITAL, ATHMALLIK
	(ii) Name of HCF or CBMWTF	:	
	(iii) Address for Correspondence	:	At/ PO:- ATHMALLIK, Dist- ANGUL, Odisha, India, 759125
	(iv) Address of Facility	:	At/ PO:- ATHMALLIK, Dist- ANGUL, Odisha, India, 759125
	(v) Tel. No, Fax. No	:	06763-254215
	(vi) E-mail ID	:	sdmoathmallik@gmail.com
	(vii) URL of Website	:	https://sdhathmallik.in
	(viii) GPS coordinates of HCF or CBMWTF	:	HCF
	(ix) Ownership of HCF or CBMWTF	:	STATE GOVERNMENT
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.:14719/SPCB valid up to 31/03/2024 & Applied for Renewal
(xi). Status of Consents under Water Act and Air Act	:	Valid up to: 31.03.2026	
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 48(Forty Eight)
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	BLOOD BANK
	(iii) License number and its date of expiry	:	Blood Bank Regd :- 794 Valid till 27 th January'2024 & Applied for Renewal
3.	Details of CBMWTF		

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3/06/25
Superintendent

	(i) Number healthcare facilities covered by CBMWTF	:	NIL			
	(ii) Number healthcare facilities covered by CBMWTF	:	NIL			
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NIL			
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	43 Kg/day			
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 245 Kg per Month Red Category : 280 KG per month White: 7 KG per month Blue Category : 760 KG per month General Solid waste: 900 KG per month			
Details of the Storage, treatment, transportation, processing and Disposal Facility						
5.	(i) Details of the on-site storage facility	:	Size :			Quantity Treated or disposed inkg per annum
			Capacity :			
			Provision of on-site storage : (cold storage or any other provision)			
	(ii) disposal facilities		Type of treatment equipment	No of units	Capacity Kg/day	
			Incinerators	0		
			Plasma	0		
			Pyrolysis	0		
			Autoclaves -	1		
			Microwave	0		
			Hydroclave	0		
			Shredder	1		
			Needle tip cutter or destroyer	10	50gm	19 kg
			Sharps encapsulation or concrete pit	02		19 kg.
			Deep burial pits: Chemical Disinfection:	02	-	-
			Any other treatment equipment:			


 Superintendent
 S.D.O., Athamallik

	(iii) Quantity of recyclable wastes sold to authorized recyclers after Treatment in kg per annum.	:	Red Category (like plastic, glass etc.) 6.2Kg
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	One
	(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	:	M/S MEDIAID MARKETING SERVICES, BHUBANESWAR
	(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		No, but we have
7.	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		01
	(ii) number of personnel trained		60
	(iii) number of personnel trained at the time of induction		
	(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		Nil
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please attach details if any)		Trained for Spill management
	(iv) Any Fatality occurred, details.		No
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?	06
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	YES
12.	Any other relevant information	: (Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from **01st January'2024 to 31st December'2024.**

Date: 03.06.2025

Place: - SDH, Athmallik

Name and Signature of the Head of the Institution

[Signature]
 Superintendent
 SDH, Athamallik

FORM - 1
[(see rule 4 (o), 5 (i) and 15 (2))
ACCIDENT REPORTING
(Bio medical waste management rule 2016)

1. Date and Time accident : Nil
2. Type of accident : Nil
3. Sequence of events leading to accident: Nil
4. Has the Authority be informed immediately: Nil
5. The type of waste of involved in accident: Nil
6. Assessment of the effects of the accidents on human health and environment : Nil
7. Emergency measure taken : Nil
8. Steps taken to alleviate the effects of accident: Nil
9. Steps taken to prevent the recurrence of such an accident: Nil
10. Does your facility has an Emergency control policy? If yes give details : No

Date: 03.06.2025

Place: SDH, Athmallik.

Signature: _____

Designation: _____

Superintendent
SDH, Athmallik

Superintendent
SDH, Athmallik