

## OFFICE OF THE SUPERINTENDENT



Community Health Centre, Brajrajnagar, Dist:-Jharsuguda

At-Khalikani Po-Brajrajnagar, Dist:- Jharsuguda PIN 768216

Phone:-06645-253122, Email:bpmubrajrajnagar@gmail.com, Website:-chcbrajrajnagar.in

Letter No.\_\_\_

To,

The Chief District Medical and Public Health Officer, cum District Mission Director, National Health Mission, Jharsuguda

Dist: Jharsuguda

Sub: Submission of List of Equipment and Instrument for Laboratory for BPHU CHC Brajrajnagar.

## Sir/Madam

With reference to, the subject cited above, I am submitting herewith the List of Equipment and Instrument for Laboratory for BPHU CHC Brajrajnagar.

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

## Enclosed:-

Annexure-A

Yours faithfully,

Memo No. 510 Dt. 24.04. 2025

No. 510 Dt. 24.04. 20 Dist. Jharsugude
Copy Submitted to the CDM & PHO Jharsuguad for favour of kind information and

necessary action.

## 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)]

SI. No.	Particulars			
1	Particulars of the Occupier	:		
	(i) Name of the authorized person (occupier or : operator of facility)	:	Dr. Jayprakash Pradhan, BPHO	
	(ii) Name of HCF	1:	Community Health Center	
	(iii) Address for Correspondence	1:	At-Khaliakani Chowk, Po-Brajrajnagar Pin-768216	
	(iv) Address of Facility	:	At-Khaliakani Chowk, Po-Brajrajnagar Pin-768216	
	(v)Tel. No, Fax. No	1:	06645253122, 9439987020	
	(vi) E-mail ID	1:	: bpmubrajrajnagar@gmail.com	
	(vii) URL of Website	1:	www.chcbrajrajnagar.in	
	(viii) GPS coordinates of HCF or CBMWTF	1:	Latitude:21.84975, Longitude:83.92565	
	(ix) Ownership of HCF or CBMWTF	:	(State Government)	
	(x). Status of Authorization under the Bio- Medical Waste (Management and Handling) Rules	:	Authorization No.:15608 dated.26.08.2022 Valid Upto: 31.03.2027	
	(xi). Status of Consents under Water Act and Air Act	:	Valid Upto: NA	
)	Type of Health Care Facility			
2	(i) Bedded Hospital	:	No. of Beds: <u>16</u>	
	(ii) Non-bedded hospital  Clinical Laboratory or Research Institute or	:	NA	
	Veterinary Hospital or any other)		N	
	(iii) License number and its date of expiry	:	NA	
	Details of CBMWTF	:	NA	
	(i) Number of health care facilities covered by CBMWTF	:	NA	
	(ii) No. of Beds covered by CBMWTF	:	NA	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	NA Kg / day	
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	;	NA Kg / day	
	Quantity of waste generated or disposed in	:	Yellow Category: 98.154 Kg	
	Kg per Annum (on monthly average basis)		Red Category: 158.441 Kg	
	, , , ,		White: 48.135 Kg	
			Blue Category: 136.019 Kg	
			General Solid Waste: 190.991 Kg	
	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility			
	(i) Details of the on-site storage		Size: 30ft. X 15ft.	

	facility	Capacity:					
			Provision of on-site storage : ( other provision)			Kata	
	(ii) Disposal facili	ties (NA)	Type of treatment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum	
			equipment	NA	1.01		
			Incinerators	NA			
			Plasma				
			Pyrolysis	NA			
			Autoclaves	NA			
			Microwave	NA			
			Hydroclave	NA			
			Shredder	NA NA			
			Needle tip cutter or destroyer	IVA			
			Sharps	NA			
			Encapsulation	NA			
			or concrete				
			pit				
			Deep burial	NA			
			pits				
		,	Chemical disinfection:	NA			
			Any other treatment equipment:	NA			
	sold to autl	f recyclable wastes : horized recyclers after in Kg per annum	Red Category NA	(like pla	stic, glass,	etc.)	
	(iv) No. of Veh	icles used for : and transportation of	NA				
	(v) Details of i	Details of incineration ash and ETP sludge generated and disposed during the treatment of	NA	Gen	ntity erated	Where disposed	
			Incineration	NA		NA	
	wastes in Kg per	· ·	Ash	NA		NA	
			ETP Sludge	NA		NA	
	Medical W Operator t are dispos		M/S. MediAid IRC Village, I Mob:9238399	Nayapal	ting, Plot N li, Bhuban	No. N-3/445, eswar-75101	
	over bio-n	mber HCF not handed nedical waste.	NA				
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period						

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	Details trainings conducted on BMW	••
	(i) Number of trainings conducted	Yes
	on BMW Management	25.
	(ii) Number of personnel trained	35
	(iii) Number of personnel trained at	04.
	the time of induction	271
	(iv) Number of personnel not	Nil
	undergone any training so far	77
	(v) Whether standard manual for	Yes
	training is available?	
8	Details of the accident occurred during the	
	year	02
	(i) Number of Accidents occurred	00
	(ii) Number of persons affected	
	(iii) Remedial Action taken (Please	Yes
	attach details if any)	NA
	(iv) Any Fatality occurred, details	NA NA
9	Are you meeting the standards of air	INA
	Pollution from the incinerator? How	· ·
	many times in last year could not met	
	the standards?	NA
	Details of Continuous online emission	NA .
	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?	NA
11	Is the disinfection method or	
	sterilization meeting the log 4	,
	standards? How many times you have not	
	met the standards in a year?	(Air Pollution Control Devices attached with
12	Any other relevant information	the Incinerator) NA
12	,,	the incineratory rate

Certified that the above report is for the period from <u>JANUARY 2024 to DECEMBER 2025</u>

Name and Signature of the Institution

CHC, Brajrajnagai Dist. Jharsuguda

Date: 24.04.2025

Place: CHC Brajrajnagar