



# OFFICE OF THE SUPERINTENDENT

SUB DIVISIONAL HOSPITAL-BANKI, DIST-CUTTACK

Deptt. of Health & FW, Govt. of Odisha

Email ID: [sdmobanki2021@gmail.com](mailto:sdmobanki2021@gmail.com)



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Letter No. 42, /Suptd. /SDH-Banki

Date: 20-01-2025

To

The Member Secretary  
State Pollution Control Board, Bhubaneswar

Sub: Annual Report of BM-WM of Sub-Divisional Hospital, Banki for the year-2024.

Sir,

With reference to the subject cited above, I am submitting herewith the Annual Report of BM-WM of Sub-Divisional Hospital, Banki for the year-2024 (01.01.2024 to 31.12.2024).

This is for your information & necessary action.

Yours Faithfully,

  
Superintendent  
S.D.H. Banki

Memo No.

43

Date: 20-01-2025

Copy submitted to the Regional Officer, Regional Pollution Control Board, Cuttack for information.

  
Superintendent  
S.D.H. Banki

Memo No.

44

Date: 20-01-2025

Copy submitted to the Chief District Medical & Public Health Officer, Cuttack for information.

  
Superintendent  
S.D.H. Banki

Memo No.

45

Date: 20-01-2025

Copy submitted to the Addl. Director, BM-WM Cell, Heads of Department, Bhubaneswar for information.

  
Superintendent  
S.D.H. Banki

**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(CBMWTF)]

| Sl. No. | Particulars   |   |  |
|---------|---|---|--|
| 1       | Particulars of the Occupier   | : | Superintendent S. D. H. Banki  |
|         | (i) Name of the authorized person (occupier or operator of facility)                                    | : | Dr. Banabasi Behera  |
|         | (ii) Name CBMWTF  | : | S. D. H. Banki   |
|         | (iii) Address of Correspondence   | : | S. D. H. Banki, Cuttack.   |
|         | (iv) Address of Facility  | : | S. D. H. Banki   |
|         | (v) Tel. No, Fax. No  | : | 9439994807   |
|         | (vi) Email ID   | : | Sdmobanki@gmail.com.   |
|         | (vii) URL of Website  | : | -  |
|         | (viii) GPS coordinates of HCF or CBMWTF   | : | -  |
|         | (ix) Ownership of HCF of CBMWTF   | : | (State Government or Private or Semi Govt. or any other) State Government  |
|         | (x) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules                 | : | Authorization No.: 3958/SPCB/24.31.3.2018<br>Applied for Renewal<br>Valid up to 31.3.2023  |
|         | (xi) Status of Consents under Water Act and Air Act   | : | Valid up to: NA  |
| 2       | Type of Health Care Facility  | : |  |
|         | (i) Bedded Hospital   | : | No. of Beds: 60  |
|         | (ii) Non-bedded Hospital  | : |  |
|         | (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other) | : | NA   |
|         | (iii) License number and its date of expiry   | : | NA   |
| 3       | Details of CBMWTF   | : |  |
|         | (i) Number healthcare facilities covered by CBMWTF  | : | 1  |
|         | (ii) No of beds covered by CBMWTF   | : | 60   |
|         | (iii) Installed treatment and disposal capacity of CBMWTF:  | : | 6.225 Kg per day   |
|         | (iv) Quantity of biomedical waste treated or disposed by CBMWTF   | : | 4.132 Kg/day   |
| 4       | Quantity of waste generated or disposed in Kg per annum (on monthly average basis)                      | : | Yellow Category : 1014.679 / Annum<br>Red Category : 652.722 / Annum<br>White : 28.285 / Annum<br>Blue Category : 684.160 / Annum<br>General Solid Waste : 1809 kg / Annum |
| 5       | Details of the Storage, treatment, transportation, processing and Disposal Facility                     | : |  |
|         | (i) Details of the on-site storage facility   | : | Size : 20' x 20'   |
|         |   | : | Capacity : 500 kg  |
|         |   | : | Provision of on-site storage : (Cold storage or any other provision) NA  |



|   |   |   |   |             |                    |  |
|---|---|---|---|-------------|--------------------|--|
|   | Disposal facilities   |   | Type of treatment Equipment             | No of units | Capacity Kg/day    | Quantity treated or disposed in Kg per annum |
|   |   |   | Incinerators                            |             |                    |  |
|   |   |   | Plasma Pyrolysis                        |             |                    |  |
|   |   |   | Autoclaves                              | one         | 50 kg/day          | Nil  |
|   |   |   | Microwave                               |             |                    |  |
|   |   |   | Hydroclave                              |             |                    |  |
|   |   |   | Shredder                                | one         | 5 kg/day           | Nil  |
|   |   |   | Needle tip cutter or destroyer          |             | 10                 |  |
|   |   |   | Sharps encapsulation or concrete pit    |             | 2                  | 25.236                                       |
|   |   |   | Deep burial pits:                       |             | 8                  | 235 kg                                       |
|   |   |   | Chemical disinfection:                  |             | 8                  |  |
|   |   |   | Any other treatment                     |             | -                  |  |
|   |   |   | Equipment:                              |             | -                  |  |
|   | (iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum.                           | : | Red Category (like plastic, glass etc.) |             | NA                 |  |
|   | (iv) No of vehicles used for collection and transportation of biomedical waste  | : |   |             | 1 (one)            |  |
|   | (v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum        | : | Incineration Ash                        |             | Quantity Generated | Where disposed                               |
|   |   |   | ETP Sludge                              |             | NA                 |  |
|   | (vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of                  | : |   |             | S. D. H. Banki     |  |
|   | (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  |   |   |             |                    |  |
|   | (i) Number of trainings conducted on BMW Management.  |   |   |             | 2                  |  |
|   | (ii) Number of personnel trained  | : |   |             | 90                 |  |
|   | (iii) Number of personnel trained at the time of induction  | : |   |             | 90                 |  |
|   | (iv) Number of personnel not undergone any training so far  | : |   |             | Nil                |  |
|   | (v) Whether standard manual for training is available?  | : |   |             | Yes                |  |
|   | (vi) Any other information  |   |   |             | NA                 |  |

|    |   |   |   |
|----|---|---|---|
| 8  | Details of the accident occurred during the year  |   |   |
|    | (i) Number of Accidents occurred  | : | N22   |
|    | (ii) Number of the person affected  | : | N21   |
|    | (iii) Remedial Action taken (Please attach details if any)  | : | NA  |
|    | (iv) Any Fatality occurred, details.  | : | N21   |
| 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?                   |   | 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? |   | —   |
| 12 | Any other relevant information  | : | (Air Pollution Control Devices attached with the Incinerator) |

Certified that the above report is for the period from

At 01.01.2024 to At 31.12.2024

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Date: 20.1.2025

Place: S. D. H. Banki

Name and Signature of the Head of the Institution

*[Signature]*  
 Superintendent  
 SDH-Banki, Cuttack