



OFFICE OF THE SUPERINTENDENT SUB-DIVISIONAL HOSPITAL
ANANDAPUR, KEONJHAR

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Phone no-06731-220824



Letter No- 528

Date- 13.05.19

To,

The Member Secretary
State Pollution Control Board
At/Po- Keonjhar
Dist- Keonjhar

Sub- Submission of Bio Waste Management annual report from Jan-18 to Dec-2018 in favour of SDH, Anandapur.

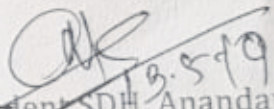
Sir,

I am submitting herewith 1 copy of the Bio Waste Management annual report from Jan-18 to Dec-18 of SDH, Anandapur for your kind reference.

Encl: - AS above 1 Copy.

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

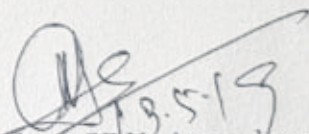
Yours Faithfully


13.5.19
Superintendent SDH, Anandapur

Date- 13.05.19

Memo No- 529

Copy forwarded to the Chief District Medical & Public Health Officer Keonjhar for kind information and necessary action.


13.5.19
Superintendent SDH, Anandapur

FORM II

[see rule- 10 of the Bio-medical Waste (Management & Handling) (Amendment) Rules, 2000]

ANNUAL REPORT

(To be submitted to the prescribed authority by 31 January every year)

1. Particulars of the applicant

(i) Name of the authorized person (occupier/operator) : CHANDRIKA SAHOO

(ii) Name & address of the institution : SUPERINTENDENT SDH, ANANDAPUR
KEONJHAR, ODISHA

Telex No.

Fax No.

2. Category of waste (as per Schedule-I of the Rule) generated and quantity on a monthly average basis :

Category	Waste Quantity	Category	Waste Quantity
Category No. 1	1961.76	Category No. 6	615.50
Category No. 2	NIL	Category No. 7	1375.859
Category No. 3	115.98	Category No. 8	1231.626
Category No. 4	228.352	Category No. 9	NIL
Category No. 5	NIL	Category No. 10	325.87

Note: all quantities to be given in kg/month, except Category No. 8, which will be in ltrs./month

3. Brief details of the treatment facility :

In case off-site facility :

(i) Name of the Operator

(ii) Name and Address of the facility :

Tel. No. Telex No. Fax No.

4. Category-wise quantity of waste treated :

i) Incineration/Burial (Yellow bag) : _____ kg/month

ii) Autoclave/Microwave (Blue bag) : _____ kg/month

5. Mode of treatment with details :

6. Any other information :

7. Certified that the above report is for the period from Jan-18 to Dec-18

Date :

Place :

Signature :

Designation : Superintendent SDH, Anandapur
Superintendent
Sub-Divisional Hospital
Anandapur, Keonjhar