



OFFICE OF THE MEDICAL OFFICER I/C, CHC-MAHAKALAPARA
AT/Po--MAHAKALAPARA, DIST-KENDRAPARA



Letter No.: 23 /Date: 6/1/26

To

The Member Secretary
State Pollution Control Board
Bhubaneswar, Odisha

Sub:-Submission of BMW annual report for the year 2025 of CHC-Mahakalapara, Kendrapara.

Madam/Sir,

With reference to the above cited subject I am herewith submitting the annual report of Bio Medical Waste Management for the year 2025 i.e. from 01.01.25 to 31.12.25 of CHC-Mahakalapara as per the format.

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

Enclosure

1. Form-IV(Annual Report)

Yours faithfully,

Medical Officer I/C
CHC-Mahkalapara, Dist-Kendrapara

Memo No.: 24 /Date: 6/1/26

Copy submitted to the Chief District Medical Officer, Kendrapara for kind information and necessary action.

Medical Officer I/C
CHC-Mahkalapara, Dist-Kendrapara

Memo No.: 25 /Date: 6/1/26

Copy submitted to the Regional Officer, State Pollution Control Board, Paradeep for kind information and necessary action.

Medical Officer I/C
CHC-Mahkalapara, Dist-Kendrapara

**From -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)]

Sl.No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Medical Officer I/c CHC-Mahakalapara
	(ii) Name of HCF or CBMWTF	:	CHC-Mahakalapara
	(iii) Address for Correspondence	:	CHC-Mahakalapara, At/Po- Mahakalapara, Dist-Kendrapara
	(i) Address of Facility		CHC- Mahakalapara, Dist-Kendrapara, Pin- 754224
	(ii) Tel. No. Fax. No.	:	06727-271307, 271350, 9439996179
	(V) E-mail ID	:	nhmchcmkp@gmail.com
	(i) URL of Website	:	--No--
	(ii) GPS coordinates of HCF of CBMWTF		--No--
	(iii) Ownership of HCF of CBMWTF		(State Government)
	(iv) Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules.	:	Authorization No. 10855/IND-IV-BW-384 dated 10.06.25 Valid up to 31.03.2026 and application submitted for renewal on 03.11.26 by online
	(v) Status of Consents under Water Act and Air Act.	:	Authorization No. 10457/IND-I-CON-6725 dated 31.05.25 Valid up to 31.03.2026 and application submitted for Renewal on
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds- 30
	(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.	:	----
3.	Details if CBMWTF	:	NO CBMWTF
	(i) Number healthcare facilities covered by CBMWTF	:	---
	(ii) No. of beds covered by CBMWTF	:	---
	(iii) Installed treatment and disposal capacity of CBMWTF	:	___ Nil ___ Kg per day
	(iv) Quantity of biomedical waste treated or disposal by CBMWTF	:	___ Nil ___ Kg/day
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow category: Annually-160.86kg, Monthly- 13.40kg Red Category: Annually-769.18kg, Monthly- 64.10kg White: Annually-44.76kg, Monthly-3.73kg Blue Category: Annually-418.02kg, Monthly- 34.83kg General Solid waste :Annually-825.0kg, Monthly-68.75kg

processing and Disposal Facility																																																			
5.	Details of the Storage , treatment, transportation, processing and Disposal Facility																																																		
	(i) Details of the on-site storage facility :	Size : 30' x 15' (Storage Room)																																																	
		Capacity: 1000kg																																																	
		Provision of on-site storage : (cold storage or any other provision): Not Applicable																																																	
	(ii) Disposal Facilities :	<table> <tr> <th>Type of treatment Equipment</th><th>No of Units</th><th>Capacity Kg/day</th><th>Quantity treated or disposed In Kg per Annum</th></tr> <tr> <td>Incinerators</td><td></td><td></td><td></td></tr> <tr> <td>Plasma Paralysis</td><td></td><td></td><td></td></tr> <tr> <td>Autoclaves</td><td></td><td></td><td></td></tr> <tr> <td>Microwave</td><td></td><td></td><td></td></tr> <tr> <td>Hydroclave</td><td></td><td></td><td></td></tr> <tr> <td>Shredder-----1</td><td></td><td></td><td></td></tr> <tr> <td>Needle tip cutter or destroyer</td><td></td><td>---5</td><td></td></tr> <tr> <td>Sharps encapsulation or concrete pit</td><td></td><td>---- 2</td><td></td></tr> <tr> <td>Deep Burial pits:</td><td></td><td>-----4</td><td></td></tr> <tr> <td>Chemical disinfection:</td><td></td><td>----4</td><td></td></tr> <tr> <td>Any other treatment</td><td>----</td><td>Chemical treatment with bleaching powder/ lime and good earth equipment:</td><td></td></tr> </table>	Type of treatment Equipment	No of Units	Capacity Kg/day	Quantity treated or disposed In Kg per Annum	Incinerators				Plasma Paralysis				Autoclaves				Microwave				Hydroclave				Shredder-----1				Needle tip cutter or destroyer		---5		Sharps encapsulation or concrete pit		---- 2		Deep Burial pits:		-----4		Chemical disinfection:		----4		Any other treatment	----	Chemical treatment with bleaching powder/ lime and good earth equipment:		
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in kg per annum. :	Red Category (like plastic, glass etc.)- Red: 769.18 kg and Blue- 418.02 kg send to CBWTF for treatment and disposal																																																	
	(iv) No of vehicles used for collection and transportation of biomedical waste. :	One Vehicle provided by the District																																																	
	(v) Details of incineration ash and ETP sludge generated and disposal during the treatment of wastes in Kg per annum) :	Quantity Generated- Nil Incineration Ash ETP Sludge	Where disposal																																																
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of :	M/s Utkal Envirocare, Baleswar engaged from 01.04.2025 and valid up to 31.03.28																																																	
	(vii) List of member HCF not handed over bio-medical waste. :	Nil																																																	
6.	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period. :	Yes , Monthly meetings done																																																	
7.	Detail trainings conducted on BMW																																																		
	(i) Number of training conducted on BMW Management.	1																																																	
	(ii) Number of personnel trained	42																																																	

	(iii) Number of personnel trained at the time of induction		0
	(iv) Number of personnel not undergone any training so far.		0
	(v) Whether standard manual for training is available?		Yes
	(vi) Any other information)		Nil
8.	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		Nil
	(iii) Remedial Action taken (Please attach details if any)		No
	(iv) Any Fatality occurred, details.		Nil
9.	Are you meeting the standards of air Pollution from the incinerator?. How many times in last year could not met the standards?		Not applicable
	Details of Continuous online emission monitoring systems installed		Not applicable
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year.		Chemical treatment with bleaching powder
11.	It the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		By OT test
12.	Any other relevant information		(Air Pollution Control Device attached with the incinerator.)

Certified that the above report is for the period from **01.01.25 to 31.12.2025**

The BMW rule 2016 and SOP has been followed and as per the protocol we are maintaining this Primary Health Centre (New).

Date: 6/1/26
Place: Mahakalapara


Medical Officer I/c
CHC-Mahakalpaara
Dist- Kendrapara