

**From-IV**  
**See Rule -13**  
**Annual Report**  
**(Biomedical Waste Management rule-2016)**

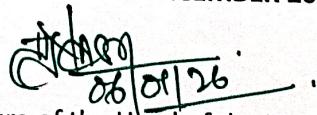
[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year , by the occupier of health care facility (HCF) or bio-medical waste treatment facility CBWTF)]

Sl. No	Particulars	JANUARY-2025 TO DECEMBER-2025
1	Particulars of the occupiers	DR.NISHANT DASH
	(i)Name of the authorized person(occupier or operator of facility)	DR.NISHANT DASH MEDICAL OFFICER IN-CHARGE, CHC PANDRIPANI
	(ii) Name of the HCF or CBMWTF	CHC PANDRIPANI
	(iii) Address for Correspondence	CHC PANDRIPANI DIST- MALKANGIRI
	(iv) Address of Facility	CHC PANDRIPANI VIA- MATHILI DIST- MALKANGIRI
	(v) Tel. No, Fax. No	7978051481
	(vi) E-mail ID	chcpandripani@gmail.com
	(vii) GPS coordinates of HCF or CBMWTF	
	(ix) Ownership of HCF or CBMWTF	STATE GOVERMENT
	(x) Status of Authorization under the Bio- (Medical waste Management and Handling ) Rules	<b>AUTHORIZATION NO:- 11788/IND-IV-BW-2388 DATE:-25.07.2023</b>
2	Type of health Care Facility	COMMUNITY HEALTH CENTER
	(i)Bedded Hospital	<b>NO. OF BEDS :- 06 ( SIX)</b>
	(ii)Non Bedded Hospital (Clinic or Blood Bank, Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	NA
	(iii)License number and its date of expiry	GOVERMENT FACILITY
3	Details of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	01 ( ONE )
	(ii) No of beds covered by CBMWTF	06
	(iii) Installed treatment and disposal capacity of CBMWTF	<b>22 KG PER DAY</b>
	(iv)Quantity of Bio medical waste treated or disposed by CBMWTF	<b>19 KG PER DAY</b>
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	Yellow Category :- 750 KG Red Category :- 750 KG White :- 120 KG Blue Category :- 670 KG General solid Waste :- 4100
5	Details of the storage, treatment , transportation, processing and Disposal Facility	

	(i) Details of the on-site storage facility	Size:			
		Capacity			
		Provision of on-site storage ) cold storage or any other provision <b>NO</b>			
	(ii) Disposal Facilities	Type of treatment equipment	No of units	Capacity Kg / Day	Quantity treated or disposed in Kg per annum
		Incinerators			
		Plasma			
		Pyrolysis			
		Autoclaves			
		Microwave			
		Hyroclave			
		Shredder			
		Needle tip cutter or destroy			
		Sharps encapsulation or concrete pit			
		Deep burial pits:			
		Chemical disinfection:			
		Any other treatment equipments			
	(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in Kg per annum.	Red Category (Like plastics, glass, etc) NIL			
	(iv) No of vehicles used for collection and transportation of bio medical waste	NA			
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum.	Incineration Ash ETP Sludge	Quantity generated	Where disposed	

	(vi) Name of the common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	ASH & INCINERATION
	(vii) List of members 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.	YES <u>MEETING DATES</u> (14.01.2025,09.02.2025,07.03.2025,24.04.2025, 22.05.2025,20.06.2025,18.07.2025,18.08.2025 ,11.09.2025,16.10.2025,29.11.2025,10.12.2025,)
7	Details training conducted on BVMW	
	(i) Number of training conducted on BMWM Management	4
	(ii) Number of personnel trained	55
	(iii) Number of personnel trained at the time of induction	31
	(iv) Number of personnel not undergone any training so far	0 ( ZERO)
	(v) Whether standard manual for training is available?	YES
	(vi) Any other information	-
8	Details of the accident occurred during the year.	NIL
	Number of Accidents occurred	NIL
	Number of the persons affected	NIL
	Remedial Action taken (Please attach details if any)	NA
	Any Fatality occurred, details.	NA
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet the standard?	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?	YES
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	NIL
12.	Any others relevant information	Air Pollution Control Devices attached with the Incinerator

Certified that the above report is for the periods from: - 01<sup>ST</sup> JANUARY 2025 TO 31<sup>ST</sup> DECEMBER 2025

  
Name and Signature of the Head of the Institution

Date:-06.01.2026

Place CHC PANDIPANI

**OFFICE OF THE MEDICAL OFFICER I/C, CHC-PANDIPANI**  
**Mob No. - 9439989422 & 9439983428**  
**Email – chcpandripani@gmail.com**



**Letter No. 07 /BPMSU/26**

**Dated. 06 / 01 / 2026**

**To**

The Director State Pollution Control Board,  
Odisha, Bhubaneswar

**Sub: Submission of Annual Bio Medical Waste Management Report of CHC Pandripani,  
Dist- Malkangiri for the year of 2025.**

**Sir,**  
With reference to the cited above I am submitting here with the Annual Bio Medical  
Waste Management Report of CHC Pandripani, Dist- Malkangiri for the year of 2025.  
This is for favour of your kind information and necessary action.

**Yours faithfully,**



Medical Officer I/C,  
CHC, Pandripani

**Dated. 06 / 01 / 2026**

**Memo No. 08 /BPMSU/26**

Copy submitted to the Regional Officer, SPC Board, Koraput, Odisha for favour of kind  
information and necessary action.

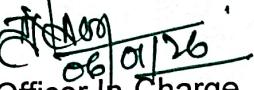


Medical Officer In-Charge  
CHC Pandripani

**Dated. 06 / 01 / 2026**

**Memo No. 09 /BPMSU/26**

Copy submitted to the Chief District Medical & Public Health Officer, Malkangiri for favour  
of kind information and necessary action.



Medical Officer In-Charge  
CHC Pandripani