



OFFICE OF THE BLOCK PUBLIC HEALTH OFFICER, CHC GODIBANDHA- ANGUL

Department of Health & Family Welfare

Government of Odisha



Letter No: ...66.....

Date: ...21/4/25....

To,

The Member Secretary,
State pollution Control Board
Odisha

Sub: submission of BMWM Annual Report

Sir,

With reference to the subject cited above I am submitting here with the Bio Medical Waste Management Annual report of CHC Godibandha for the year 2024.

This is for your kind information and necessary action.

Yours Faithfully

Block Public Health Officer
CHC Godibandha

Memo No: ...67..... Date: ...21/4/25....

Copy submitted to Regional Office OSPCB, Angul for favor of kind information.

Block Public Health Officer
CHC Godibandha

FORM -1
[(See rule 4 (o), 5(i) and 15 (2))]
ACCIDENT REPORTING
(Biomedical Waste Management rule-2016)

1. Date and Time accident : Nil
2. Type of Accident :NA
3. Sequence of events leading to accident: NA
4. Has the Authority been informed immediately: NA
5. The type of waste involved in accident : NA
6. Assessment of the effects of the accidents on human health and environment: NA
7. Emergency measure taken: NA
8. Steps taken to alleviate the effects of accident: NA
9. Steps taken to prevent the recurrence of such an accident: NA
10. Does your facility have an Emergency Control police? If yes give details NA

Date: 21/04/2025

Place: Godibandha

Signature: 
Designation_ BPHO

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		
1	Particulars of the occupiers		
	(i) Name of the authorized person (occupier or operator of facility)		Dr Jitendra dehur
	(ii) Name of the HCF or CBMWTF		Community Health Centre, Godibandha
	(iii) Address for Correspondence		P.O-Radharamanpur, Talcher
	(iv) Address of Facility		CHC Godibandha
	(v) Tel. No, Fax. No		
	(vi) E-mail ID		godibandhabpmu@gmail.com
	(vii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF		Government
	(x) Status of Authorization under the Bio- (Medical waste Management and Handling) Rules		Authorization No : 1802 valid up to 31.3.2028
2	Type of health Care Facility		Community Health centre
	(i) Bedded Hospital		No. of beds: 25
	(ii) Non Bedded Hospital (Clinic or Blood Bank, Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		1802/31.3.2028
3	Details of CBMWTF		
	(i) Number healthcare facilities covered by CBMWTF		
	(ii) No of beds covered by CBMWTF		
	(iii) Installed treatment and disposal capacity of CBMWTF		
	(iv) Quantity of Bio medical waste treated or disposed by CBMWTF		
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	176kg.857 gm	Yellow Category
		350 kg.049 gm	Red Category
		14 kg 160 gm	White
		251kg 520 gm	Blue Category
		204 kg.206gm	General solid Waste
5	Details of the storage, treatment , transportation, processing and Disposal Facility		
	(i) Details of the on-site storages facility		Size:
			Capacity
			Provision of on-site storage) cold storage or any other provision

(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	1		
		Microwave			
		Hyroclave			
		Shredder	1		
		Needle tip cutter or destroy	15		
		Sharps encapsulation or concrete pit	3		
		Deep burial pits:	2		
		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)			
(iv) No of vehicles used for collection and transportation of bio medical waste		1(one)			
(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		
	(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	
7	Details training conducted on BVMW		
	(i)Number of training conducted on BMWM Management	3	
	(ii)Number of personnel trained	96	
	(iii)Number of personnel trained at the time of induction		
	(iv)Number of personnel not undergone any training so far		
	(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)		
	Any Fatality occurred, details.		
9.	Are you meeting the standards of air Pollution from the incinerator ? How many times in last year could not met the standard?		
	Details of Continuous online emission monitoring systems installed		
10.	Liquid waste generated and treatment methods in [place. How many times you have not met the standards in a year?		
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 others relevant information		Air Pollution Control Devices attached with the Incinerator

Certified that the above report is for the periods from JAN 2024 TO DEC 2024

Name and Signature of the Head of the Institution

Date:- 21/04/2025

Place : CHC, Godibandha