



Letter No. 91 Date 28.04.2026

To,

The Member Secretary,  
State Pollution Control Board  
Odisha

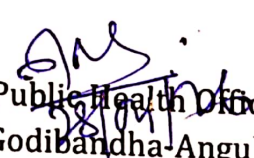
Sub:- Submission of BMW Annual Report

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 2025.

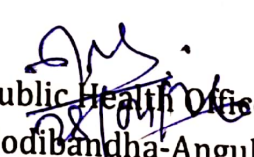
This is for your kind information and necessary action.

Yours faithfully

  
Block Public Health Officer  
CHC Godibandha-Angul

Memo No. 92 Date 28.04.2026

Copy submitted to the Regional Officer OSPCB, Angul for favour of kind information.

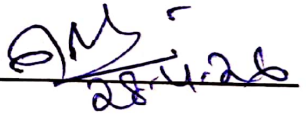
  
Block Public Health Officer  
CHC Godibandha-Angul

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

1. Date and Time accident : Nill
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 you facility has an Emergency Control police? If yes give details NA

Date: 28.04.2026

Place: CHC Godibandha

Signature:  28/4/26

Designation BPHO

**Block Public Health Officer**  
**CHC Godibandha, Angul**

**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 Ku Dehury Block Public Health Officer, CHC Godibandha	
	(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		(State Government or Private or Semi Govt. or any other)	
	(x) Status of Authorization under the Bio-(Medical waste Management and Handling ) Rules		Authorization No .....1802_____ valid up to 31.03.2028	
2	Type of health Care Facility			
	(i) Bedded Hospital		No. of beds: 06	
	(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		1802/31.03.2028	
3	Details of CBMWTF			
	(i) Number healthcare facilities covered by CBMWTF		150 OPD patients average per day	
	(ii) No of beds covered by CBMWTF		Nil	
	(iii) Installed treatment and disposal capacity of CBMWTF		Nil	
	(iv) Quantity of Bio medical waste treated or disposed by CBMWTF		Nil	
	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)		Yellow Category : 357.710 Kg	
			Red Category : 745.570 Kg	
			White : 23.510 Kg	
			Blue Category : 352.850 Kg	
			General solid Waste : 100.330 Kg	
5	Details of the storage, treatment , transportation, processing and Disposal Facility			
	(i) Details of the on-site storages facility		Size: 10 ft * 10 ft	
			Capacity	
			Provision of on-site storage ) cold storage or any other provision : NIL	
	(ii) Disposal Facilities		Type of treatment equipment	No of unit
			Capacity	Quantity treated
			kg / Day	--

			<b>Incinerators</b> <b>Plasma</b> <b>Pyrolysis</b> <b>Autoclaves</b> 2 <b>Microwave</b> <b>Hyroclave</b> <b>Shredder</b> 1 <b>Needle tip cutter or destroy</b> 7 <b>Sharps encapsulation or concrete pit</b> 1 <b>Deep burial pits:</b> 2 <b>Chemical disinfection:</b> <b>Any other treatment equipments</b>			disposed in Kg per annum
	(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					
	(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 (12 nos committee meeting done)			
7	Details training conducted on BMW		Training conducted at Monthly Meeting			
	(i)Number of training conducted on BMW Management		02			
	(ii)Number of personnel trained		47			
	(iii)Number of personnel trained at the time of					

	induction		
	(iv) Number of personnel not undergone any training so far		NIL
	(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		NA
	Number of the persons affected		NA
	Remedial Action taken (Please attach details if any)		NA
	Any Facility 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?		Not Applicable
	Details of Continuous online emission monitoring systems installed		No
10.	Liquid waste generated and treatment methods in [place. How many times you have not met the standards in a year?		NIL
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 period from 01.01.2025 to 31.12.2025

As per Guideline it is a primary General Health Care Centre , only having consultation Advice, minor Ailments, Minor Disease, OPD and Supply of Drugs and ailments And the state Govt. of Odisha only by Health & Family Welfare Dept., CDM & PHO Angul.

Name and Signature of the Head of the Institution

*[Handwritten Signature]*  
28.4.26

**Block Public Health Officer  
CHC Godibandha, Angul**

Date:- 28.4.26

Place:- CHC Godibandha