

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. Mahamzaan Murmoo	
	(ii)Name of the HCF or CBMWTF	CHC, Chhendipada	
	(iii)Address for Correspondence	AT/PO/PS - Chhendipada	
	(iv)Address of Facility		
	(v)Tel. No. Fax No		
	(vi)E-Mail ID		
	(vii)GPS coordinates of HCF or CBMWTF		
	(ix)Ownership of HCF or CBMWTF	(State govt. or Private or Semi Govt. or any other	
	(X)Status of Authorization under the Bio-Medical Waste Management and Handling Rules	Authorization No <u>Applied</u> valid up to _____	
2.	Type of Health Care facility		
	(i)Bedded Hospital	No. of Beds	
	(ii)Non-Bedded Hospital (Clinic or Blood Bank ,Clinical Laboratory or Research institute or Veterinary Hospital or any other)	Not available	
	(ii)License number and its date of expiry		
3.	Details of CBMWTF		
	(i)Number healthcare facilities covered by CBMWTF		
	(ii)No of Beds covered by CBMWTF		
	(iii)Installed treatment & 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)	Yellow Category : 362.97 kg Red Category : 327.365 kg White Category : 26.997 kg Blue Category : 347.224 kg General Solid Waste : 1078.0 kg	
5	Details of the storage ,treatment, transportation, processing & 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 Facility	Types of Treatment equipment	No of units	Capacity Kg/Day	Quantity treated or disposed in Kg Per Annum
		Incinerators Plasma Pyrolysis Autoclaves  Microwave Hyroclave  Shreadder Needle tip cutter or destory  Sharps encapsulation or concrete pit  Deep burial pits Chemical Disinfection  Any other treatment equipments	04  01  05  02  03		
	(iii) Quantity of recyclable waste solid to authorize recyclers after treatment in Kg per annum	Red Category (Like plastic, glass, etc.)			
	(iv) No of vehicles used for collection and transportation of Bio-medical Waste	01			
	(v) Details of incineration ash & ETP sludge generated and disposed during the treatment of waste in Kg per annum.				
	(vi) Name of the common Bio-Medical Waste Treatment Facility Operator through which waste are disposed of	Incineration Ash ETP Sludge	Quantity generated	Where disposed	
	(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 meeting held during the reporting period.	Yes			

7	Details training conducted on BMWM	
	(i)Number of training conducted on BMWM Management	12
	(ii)Number of personnel trained	All staff
	(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	-
	Number of accidents occurred	Ncl
	Number of the persons affected	Ncl
	Remedial Action taken (Please attach details if any)	Ncl
	Any fatality occurred details	-
9	Are you meeting the standards of air pollution from the indicators ? 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?	Liquid waste generated from each point are treated with Hypochlorite solution
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 other relevant information	Air Pollution Control Devices attached with the indicator

Certified that the above reports is for the periods from

January 2025 to December 2025  
of the proceeding year

Name & Signature Head of the Institution.  
Block Public Health Officer  
CHC Chhendipada  
Dist-Ang

Date :-

Place :-

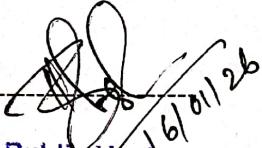
CHC, Chhendipada

FORM-1  
See rule 4(0),5(i)and 15 (2)  
ACCIDENT REPORTING  
(Biomedical Waste Management rule -2016)

1. Date and Time Accident: No
2. Type of Accident : N/I
3. Sequence of events leading to accident: N/A
4. Has the Authority been informed immediately: N/A
5. The type of waste involved in accident: N/A
6. Assessment of the effects of the accident on human health and environment : N/A
7. Emergency measure taken : N/A
8. Steps taken to alleviate the effects of accident : N/A
9. Steps taken to prevent the recurrence of such an accident : N/A
10. Does your facility has an emergency control police ? If yes give details N/A

Date :-----

Signature:-----



6/6/26

Place : CHC Chhendipada Designation : Block Public Health Officer  
CHC Chhendipada  
Dist-Ano