



OFFICE OF THE MEDICAL OFFICER I/C, SDH -PATTAMUNDAL, DIST-KENDRAPARA

Odisha Tel No-(06729)224320

Email Id-nhmsdhpattamundai@gmail.com

Letter No 29

Date 25/01/26

To

The Member Secretary,
State Pollution Control Board,
Bhubaneswar, Odisha

Sub- Submission of BMWM Annual Report of SDH Pattamundai

Sir,

With reference to the subject cited above I am submitting herewith the bio medical waste management annual report of sub divisional hospital pattamundai for the year 2025. This is for favour of your kind information and necessary action.

Yours Sincerely


Medical Officer I/c
SDH Pattamundai
Date- 25/01/26

Memo No- 30

Copy forwarded to the Regional office, OSPCB, Paradeep for kind information and necessary action.


Medical Officer I/c
SDH Pattamundai

Memo No- 31

Date- 25/01/26

Copy forwarded to the District Public Health Officer, Kendrapara for favour of kind information and necessary action.


Medical Officer I/c
SDH Pattamundai

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

1. Date and Time accident : NO
2. Type of Accident - NIC
3. Sequence of events leading to accident: NO
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: NO
7. Emergency measure taken: NO
8. Steps taken to alleviate the effects of accident: NO
9. Steps taken to prevent the recurrence of such an accident: NO
10. Does you facility has an Emergency Control police? If yes give details - NO

Date: 05/01/2026

Place: S.D.H Pattamundai

Signature: [Signature]
Designation Medical Officer HC
S.D.H Pattamundai

**Form - 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)]

Sl. No	Particulars		
1.	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	Medical Officer J/L S.D.H Pattamundai
	(ii) Name of Health Care Facility		Sub-Divisional Hospital, Pattamundai
	(iii) Address for Correspondence		A+po - Pattamundai
	(iv) Address of Facility		A+po - Pattamundai
	(v) Tel. No, Fax. No		06729 - 224321
	(vi) E-mail ID		nhmsdhpattamundai@gmail.com
	(vii) URL of Website		https://sdhpattamundai.in
	(viii) GPS coordinates of Health Care Facility		
	(ix) Ownership of Health Care Facility		(State Government or Private or Semi Govt. or any other) - <u>State Govt.</u>
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules		Authorisation No.: <u>5434/IND-IV.02-505</u>valid up to <u>31.03.2026</u>
	(xi). Status of Consents under Water Act and Air Act		Valid up to: <u>31.03.2026</u>
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: <u>30</u>
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any	:	

[Signature]
Medical Officer HC
S.D.H Pattamundai

	other)																																		
	(iii) License number and its date of expiry																																		
3	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 1240.00 kg																																
			Red Category : 310 kg																																
			White: 25 kg																																
			Blue Category : 250 kg																																
			General Solid waste: 1200 kg																																
4	Details of the Storage, treatment, transportation, processing and Disposal Facility																																		
	(i) Details of the on-site storage facility		Size : 10x10																																
			Capacity :																																
			Provision of on-site storage : (cold storage or any other provision) - Stored at storage room near Containment area																																
	(ii) disposal facilities		<table border="1"> <thead> <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> </thead> <tbody> <tr> <td>Incinerators</td> <td>0</td> <td>-</td> <td>-</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>0</td> <td>-</td> <td>-</td> </tr> <tr> <td>Autoclaves</td> <td>1</td> <td>5 kg</td> <td>650.00 kg</td> </tr> <tr> <td>Microwave</td> <td>0</td> <td>-</td> <td>-</td> </tr> <tr> <td>Hydroclave</td> <td>0</td> <td>-</td> <td>-</td> </tr> <tr> <td>Shredder</td> <td>0</td> <td>-</td> <td>-</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>5</td> <td>1 kg</td> <td>70.00 kg</td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators	0	-	-	Plasma Pyrolysis	0	-	-	Autoclaves	1	5 kg	650.00 kg	Microwave	0	-	-	Hydroclave	0	-	-	Shredder	0	-	-	Needle tip cutter or destroyer	5	1 kg	70.00 kg
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			Sharps Encapsulation or concrete pit			
			Deep burial pits	2	15	690.00 kg
			Chemical disinfection			
			Any other treatment equipment			
	(iii) Quantity of recyclable wastes sold to authorised recyclers after treatment in kg per annum.		Red Category (like plastic, glass etc.)			
	(iv) No of vehicles used for collection and transportation of biomedical waste	01				
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Incineration & Ash ETP Sludge	Quantity Generated	where Disposed	
	(vii) List of member HCF not handed over bio-medical waste.					
5	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period		Yes			
6	Details trainings conducted on BMW					
	(i) Number of trainings conducted on BMW Management.		2			
	(ii) number of personnel trained		68			
	(iii) number of personnel trained at the time of induction		21			
	(iv) number of personnel not undergone any training so far		Nil			
	(v) whether standard manual for					

Medical Officer MC
S.D.H. Pattamundai

	training is available?		Yes
	(vi) any other information)		
7	Details of the accident occurred during the year		.
	(i) Number of Accidents occurred		Nil
	(ii) Number of the persons affected		N.A
	(iii) Remedial Action taken (Please attach details if any)		-
	(iv) Any Fatality occurred, details.		-
8	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		No
	Details of Continuous online emission monitoring systems installed		N.A
9	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		Yes
10	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		Yes
11	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator)

Certified that the above report is for the period from

1st January 2025 to 31st December 2025

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Institution

Name and Signature of the Head of the

05/01/2026
 Medical Officer
 S.D.H Pattamundai

Date: 05/01/2026

Place - S.D.H Pattamundai