

OFFICE OF THE SUPERINTENDENT, CHC, NISCHINTAKOILI, CUTTACK
ଭାରପ୍ରାପ୍ତ ଚିକିତ୍ସାଧିକାରୀ, ଗୋଷ୍ଠୀ ସ୍ୱାସ୍ଥ୍ୟକେନ୍ଦ୍ର, ନିଶ୍ଚିନ୍ତକୋଇଲି, କଟକଜ୍ଞର କାର୍ଯ୍ୟାଳୟ



Community Health Center, Nischintakoili, Dist- Cuttack
e-mail- bpmunischintakoili2021@gmail.com www.nischintakoilichc.in
Department of Health & Family Welfare, Government of Odisha



Letter No : 16

Date : 16/01/2026

To

Senior Environmental Scientist,
State Pollution Control Board, Odisha,
Paribesh Bhawan, A/118, Nilakantha Nagar,
Unit – VIII, Bhubaneswar – 751012

Sub: Submission of Annual Report of Bio-Medical Waste Management of CHC Nischintakoili for the year 2025-26.

Sir,

With reference to the subject cited above, I am herewith submitting the Annual Bio-Medical Waste Management Report of CHC, Nischintakoili for the year 2025-26.

This is for your kind information and necessary action.


Superintendent,
16/1/26

CHC, Nischintakoili, Cuttack

Memo No- 17 /

Date : 16 // 01 // 2026

Copy forwarded to the Regional Office, SPCB, Odisha for information.


Superintendent,
16/1/26

CHC, Nischintakoili, Cuttack

Memo No- 18 /

Date : 16 // 01 // 2026

Copy forwarded to the Chief District Medical & Public Health Officer, Cuttack for information.


Superintendent,
16/1/26
CHC, Nischintakoili, Cuttack

At/PO/PS- NISCHINTAKOILI, DIST- CUTTACK-754207 PHONE NO- (0671) 2353977

**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) or Common Bio-medical Waste Treatment Facility (CBWTF)]

Sl. No.	Particulars		
1	Particulars of the Occupier	:	
	(i) Name of the authorised person (occupier or operator of facility)	:	DR. AMET KUMAR JENA (SUPERINTENDENT)
	(ii) Name of HCF or CBWTF	:	CHC. HESCHENTAKOELLE
	(iii) Address for Correspondence	:	AT/PO - HESCHENTAKOELLE DIST- CUTTACK
	(iv) Address of Facility	:	AT/PO - HESCHENTAKOELLE DIST- CUTTACK
	(v) Tel. No., Fax. No		-
	(vi) E-mail ID	:	bprajapati@hscnatalel@gmail.com
	(vii) URL of Website		hscnatalelchc.in
	(viii) GPS coordinates of HCF or CBWTF		-
	(ix) Ownership of HCF or CBWTF		(State Government or Private or Semi Govt. or any other)
	(x) Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 9266/IND.-FY.-BW.-1072..... 04.09.2025...valid up to24.03.2028
	(xi) Status of Consents under Water Act and Air Act	:	Valid up to : NOT APPLICABLE
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	06
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	-
	(iii) License number and its date of expiry		NOT APPLICABLE

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:	:	- Kg per day																																
	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	- kg / day																																
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 127.4 kg Red Category : 114.8 kg White : 26.3 kg Blue Category : 109.4 kg General Solid waste : 147.55 kg																																
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)																																
	(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></td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>01</td> <td></td> <td>1.5 kg</td> </tr> <tr> <td>Microwave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>04</td> <td></td> <td>0.8 kg</td> </tr> </tbody> </table>	Type of treatment Equipment	No of Units	Capacity Kg/Day	Quantity treated or disposed in kg per annum	Incinerators				Plasma Pyrolysis				Autoclaves	01		1.5 kg	Microwave				Hydroclave				Shredder				Needle tip cutter or destroyer	04		0.8 kg
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		Sharps encapsulation or concrete pit	01												
		Deep burial pits :	03												
		Chemical disinfection :													
		Any other treatment	02												
		Equipment:													
	(iii) Quantity of recyclable wastes sold to authorized 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	:	SANI CLEAN MARKETING AGENCY.												
	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		<table border="1"> <thead> <tr> <th></th> <th>Quantity Generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td>Incineration</td> <td>-</td> <td></td> </tr> <tr> <td>Ash</td> <td></td> <td></td> </tr> <tr> <td>ETP Sludge</td> <td></td> <td></td> </tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration	-		Ash			ETP Sludge		
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Incineration	-														
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	-												
	(vii) List of member 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 trainings conducted on BMW														
	(i) Number of trainings conducted on BMW Management.		04												
	(ii) Number of personnel trained		40												
	(iii) Number of personnel trained at the time of induction		-												
	(iv) Number of personnel not undergone any training so far		NEL												
	(v) (Any other information)		-												

8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		-
	(ii) Number of the persons affected		-
	(iii) Remedial Action taken (Please attach details if any)		-
	(iv) 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 standards ?		-
	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 other 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

.....

.....

Name and Signature of the Head of the Institution

[Handwritten Signature]
16.11.2024

**SUPERINTENDENT
C H C NISCHINTAKOILI
CUTTACK**

Date: 18/04/2026

Place: CHC. NISCHINTAKOILI