



OFFICE OF THE MEDICAL OFFICER, I/C CHC KOTPAD
BLOCK PROGRAM MANAGEMENT UNIT
(GOVT. OF ODISHA)



Email Id: - nhmkotpad2023@gmail.com

Office Phone No: - 06860- 283020

Letter No. 120 / BPMU NHM CHC KOTPAD/2025-26

Dated 01/02 / 25

To,

The Regional Officer, State Pollution Control Board, Odisha
Department of Forest & Environment, Govt. of Odisha,
Plot no-287/ A, 1st Lane, Kasturi Nagar, Rayagada, 765001

Sub: - Submission of 5 nos. of Annual Report of CHC & PHC under Kotpad Block for the year 2024-25

Sir,

With reference to the subject cited above I am herewith submitting 5 nos. of Annual Report of CHC & PHC under Kotpad Block for the year 2024-25.

Yours faithfully,

[Signature] 01/02/25
Superintendent - cum I.A. & C
CHC Kotpad
Superintendent CHC Kotpad

Memo. No. 231, 2025

Dated 01/02 / 25

Copy submitted to the Regional Officer, State Pollution Control Board, Odisha Department of Forest & Environment, Govt. of Odisha.

Copy submitted to the Member Secretary, State Pollution Control Board, Odisha, Bhubaneswar for kind information and necessary action.

Copy submitted to Chief District Medical & Public Health Officer, Koraput for favour of kind information and necessary action.

[Signature] 01/02/25
Superintendent CHC Kotpad

Superintendent - cum I.A. & C
CHC Kotpad

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

- | | |
|--|----|
| 1. Date and Time accident: | NA |
| 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 Emergency Control police? If yes give details | NA |

Date: 30-06-2025

Signature: _____

*— signed
31/07/25*
Superintendent - cum I.O. IC
CHC Kotpad

Place: CHC Kotpad

Designation- Superintendent CHC Kotpad

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 2024-25, by the occupier of health care facility (HCF) or bio-medical waste treatment facility CBWTF]

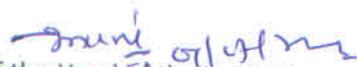
Sl. No	Particulars	
1	Particulars of the occupiers	COMMUNITY HEALTH CENTER, KOTPAD, AT/PO-KOTPAD, DIST- KORAPUT
	(i) Name of the authorized person (occupier or operator of facility)	DR. SARATHI PRASAD MUNI, SUPERINTENDENT CHC KOTPAD
	(ii) Name of the HCF or CBMWTF	RENEWABLE ENVIROGIC PVT. LTD.
	(iii) Address for Correspondence	SIALBAHALI, JANKARPALLI, BOLANGIR
	(iv) Address of Facility	AT- CHC KOTPAD, NEAR- KOTPAD COLLEGE PO- KOTPAD, DIST- KORAPUT, ODISHA
	(v) Tel. No, Fax. No	NA
	(vi) E-mail ID	nhmkotpad2023@gmail.com
	(vii) GPS coordinates of HCF or CBMWTF	YES
	(ix) Ownership of HCF or CBMWTF	STATE GOVERNMENT
	(x) Status of Authorization under the Bio- (Medical waste Management and Handling) Rules	AUTHORIZATION No 31.03.2023, RENEWAL APPLIED ON DATED-06.06.2023
2	Type of health Care Facility	
	(i) Bedded Hospital	No. of beds- 30 (THIRTY) (SANCTION)
	(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	-
3	Details of CBMWTF	
	(i) Number healthcare facilities covered by CBMWTF	ONE
	(ii) No of beds covered by CBMWTF	30
	(iii) Installed treatment and disposal capacity of CBMWTF	YES
	(iv) Quantity of Bio medical waste treated or disposed by CBMWTF	TOTAL WASTE: -
4	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	<ul style="list-style-type: none"> * Yellow Category- 1000.376 Red Category- 995.449 White – 78.965 Blue Category- 744.614 General solid Waste – 718.053
5	Details of the storage, treatment, transportation, processing and Disposal Facility	
	(i) Details of the on-site storages' facility	<ul style="list-style-type: none"> Size: Available Capacity- 900 sq. ft. Provision of on-site storage) cold storage or any other provision

		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	0	0	0	
	Plasma	0	0	0	
	Pyrolysis	0	0	0	
	Autoclaves	01			
	Microwave	0			
	Hyroclave	0			
	Shredder	01			
	Needle tip cutter or destroy	08			
	Sharps encapsulation or concrete pit	01			
	Deep burial pits:	03			
Chemical disinfection:	01				
	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	01				
(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	RENEWABLE ENVIROGIC PVT. LTD.				
(vii)List of members HCF not handed over bio-medical waste	NA				

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 BMW Management		01
	(ii)Number of personnel trained		58
	(iii)Number of personnel trained at the time of induction		13
	(iv)Number of personnel not undergone any training so far		0
	(v) Whether standard manual for training is available?		YES
	(vi)Any other information		NO
8	Details of the accident occurred during the year.		NO
	Number of Accidents occurred		NO
	Number of the persons affected		NO
	Remedial Action taken (Please attach details if any)		NO
	Any Fatality occurred, details.		NA
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standard?		NA
	Details of Continuous online emission monitoring systems installed		NA
10.	Liquid waste generated and treatment methods in [place. How many times you have not met the standards in a year?		YES, WE HAVE MAINTAINED STADARD PROCEDURE
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		NA
12.	Any others relevant information		Air Pollution Control Devices attached with the Incinerator

Certified that the above report is for the periods from

01.01.2024 TO 31.12.2024


Name and Signature of the Head of the Institution

Date: - 30.06.2025

Place: CHC KOTPAD

Superintendent - cum I.A. IC
CHC Kotpad