



OFFICE OF THE SUPERINTENDENT
CHC DABUGAM
NABARANGPUR - 764072, MOB: 7978213220
email id: bpo.dabugam@gmail.com



Letter No: 104

Date: 04 02 2026

To,

The DeGM,
Nabarangpur

Sub: Request to upload the Bio-Medical Waste Management report 2025 of CHC Dabugam in the district official Website (www.nabarangpur.odisha.gov.in)

Sir,

With reference to the subject cited above I request you to upload the Bio-Medical Waste Management report 2025 of CHC Dabugam in the district official Website www.nabarangpur.odisha.gov.in for information to all concern.

This is for favour of your information and kind co-operation.

Enclosure: BMW Annual Report 2025

Yours faithfully,

Superintendent
CHC Dabugam

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 authorized person (occupier or : operator of facility)	:	Dr. Subhasis Sahu
	(ii) Name of HCF or CBMWTF	:	CHC Dabugam
	(iii) Address for Correspondence	:	At: Dabugam, PO: Dabugam, Dist: Nabarangpur, PIN- 764072, Odisha
	(iv) Address of Facility	:	At: Dabugam, PO: Dabugam, Dist: Nabarangpur, PIN- 764072, Odisha
	(v) Tel. No, Fax. No	:	7978213220
	(vi) E-mail ID	:	bpo.dabugam@gmail.com
	(vii) URL of Website	:	NA
	(viii) GPS coordinates of HCF or CBMWTF	:	Latitude – 19.464169(N Decimal Degrees) Longitude –82.396 (E Decimal Degrees)
	(ix) Ownership of HCF or CBMWTF	:	State Government
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorization No.: Valid up to: 31.03.2025 (Applied for renewal on 01.08.2026 but not yet received)
	(xi). Status of Consents under Water Act and Air Act	:	Valid up to:
2	Type of Health Care Facility	:	Govt. Hospital
	(i) Bedded Hospital	:	No. of Beds: 16
	(ii) Non-bedded hospital	:	NA
	Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	
	(iii) License number and its date of expiry	:	NA
3	Details of CBMWTF	:	NA
	(i) Number of health care facilities covered by CBMWTF	:	NA
	(ii) No. of Beds covered by CBMWTF	:	
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	0 Kg / day
	(iv) Quantity of bio medical waste treated or disposed by CBMWTF	:	0 Kg / day
4	Quantity of waste generated or disposed in Kg per Annum (on monthly average basis)	:	Yellow Category: 405kg Red Category: 135 kg White: 22 kg Blue Category: 123 kg General Solid Waste: 140 kg
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage	:	Size: NA

	facility		Capacity: NA 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>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Autoclaves</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Microwave</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Hydroclave</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Shredder</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Needle tip cutter or destroyer</td> <td>2</td> <td>0.1 kg</td> <td>34 kg</td> </tr> <tr> <td>Sharps</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Encapsulation or concrete pit</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Deep burial pits</td> <td>2</td> <td>0.2 kg</td> <td>77 kg</td> </tr> <tr> <td>Chemical disinfection:</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Any other treatment equipment:</td> <td>NA</td> <td>NA</td> <td>NA</td> </tr> </tbody> </table>	Type of treatment equipment	No of Units	Capacity Kg/day	Quantity Treated or disposed in kg per annum	Incinerators	NA	NA	NA	Plasma Pyrolysis	NA	NA	NA	Autoclaves	NA	NA	NA	Microwave	NA	NA	NA	Hydroclave	NA	NA	NA	Shredder	NA	NA	NA	Needle tip cutter or destroyer	2	0.1 kg	34 kg	Sharps	NA	NA	NA	Encapsulation or concrete pit	NA	NA	NA	Deep burial pits	2	0.2 kg	77 kg	Chemical disinfection:	NA	NA	NA	Any other treatment equipment:	NA	NA	NA
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	(iii) Quantity of recyclable wastes sold to authorized recyclers after treatment in Kg per annum	:	Red Category (like plastic, glass, etc.) NA																																																				
	(iv) No. of Vehicles used for collection and transportation of biomedical waste	:	1																																																				
	(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>NA</td> <td>NA</td> </tr> <tr> <td>Ash</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>ETP Sludge</td> <td>NA</td> <td>NA</td> </tr> </tbody> </table>		Quantity Generated	Where disposed	Incineration	NA	NA	Ash	NA	NA	ETP Sludge	NA	NA																																								
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	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of		NA																																																				
	(vii) List of member 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 trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management		1
	(ii) Number of personnel trained		25
	(iii) Number of personnel trained at the time of induction		2
	(iv) Number of personnel not undergone any training so far		0
	(v) Whether standard manual for training is available?		YES
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		0
	(ii) Number of persons affected		0
	(iii) Remedial Action taken (Please attach details if any)		NA
	(iv) Any Fatality occurred, details		0
9	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		INCINERATOR NOT AVAILABLE IN THE UNIT
	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?		THROUGH SEWAGE TREATMENT PLANTS(STP) 0 TIMES NON COMPLIANCE
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 other relevant information		NA

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

Superintendent
CHC, Dabugam
Dist-Nabarangpur

Date: 05.01.2026

Place: Dabugam