



OFFICE OF THE SUPERINTENDENT, CHC PAPADAHANDI

Dist. NABARANGPUR, PIN-764071 e-mail: bpo.papadahandi@gmail.com

Letter No. :- 237/2026/ Estt. PPD Nabarangpur Dated the 05.02.2026

To,

Sri Soubhagya Ranjan Nayak
District e-Governance Manager,
Nabarangpur

Sub :- Publication of BMWM Annual Report for the year 2025 in official web site of Nabarangpur district <https://nabarangpur.odisha.gov.in>.

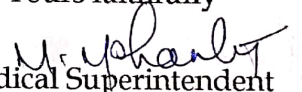
Sir,

With reference to the subject cited above, you are hereby requested to upload the Annual BMWM Report of CHC, Papadahandi for 2025 in Nabarangpur districts' official web site <https://nabarangpur.odisha.gov.in>. Copy of the report is attached herewith.

This is for favour of your kind information and necessary action.

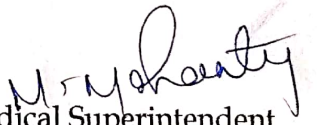
Enclosure: Annual BMWM Report of CHC, Papadahandi

Yours faithfully


Medical Superintendent
C.H.C. Papadahandi

Memo No.:- 238/ 2026/ CHC PPD, Estt. Nabarangpur dated the 05.02.2026

Copy submitted to the CDM&PHO, Nabarangpur for favour of kind information and necessary action.


Medical Superintendent
C.H.C. Papadahandi

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

1. Date and Time accident : Nil
2. Type of Accident :
3. Sequence of events leading to accident :
4. Has the Authority been informed immediately:
5. The type of waste involved in accident
6. Assessment of the effects of the accidents on human health and environment:
7. Emergency measure taken:
8. Steps taken to alleviate the effects of accident:
9. Steps taken to prevent the recurrence of such an accident:
10. Does your facility has an Emergency Control police? If yes give details

Date: 05.02.2026
Place: Papadahandi

Signature : _____

Designation : Superintendent

M. Phanty
05/02/26
Medical Superintendent
CHC, Papadahandi
Dist-Nabarangpur



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		Superintendent, CHC, Papadahandi
	(i) Name of the authorized person (occupier or operator of facility)		Dr. Manasmita Mohanty
	(ii) Name of the HCF or CBMWTF		CHC, Papadahandi
	(iii) Address for Correspondence		At/ Po – Papadahandi, Dist - Nabarangpur
	(iv) Address of Facility		At/ Po – Papadahandi, Dist - Nabarangpur
	(v) Tel. No, Fax. No		8637248180
	(vi) E-mail ID		bpo.papadahandi@gmail.com
	(vii) GPS coordinates of HCF or CBMWTF		
	(ix) Ownership of HCF or CBMWTF		(State Government or Private or Semi Govt. or any other) : State Govt
	(x) Status of Authorization under the Bio- (Medical waste Management and Handling) Rules		Authorization No <u>19621 / SPBD</u> date <u>03/11/2025</u> valid up to <u>31.03.2030</u>
2	Type of health Care Facility		CHC
	(i) Bedded Hospital		No. of beds : 16
	(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		
	(ii) No of beds covered by CBMWTF		
	(iii) Installed treatment and 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 : 509.84 Kg
			Red Category : 690.12 Kg
			White : 29.27 Kg
			Blue Category : 313.30 Kg
			General solid Waste : 385 Kg
5	Details of the storage, treatment, transportation, processing and Disposal Facility		
	(i) Details of the on-site storages facility		Size:
			Capacity
			Provision of on-site storage) cold storage or any other provision

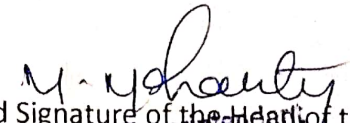
(ii) Disposal Facilities	Type of treatment equipment	No of units	Capacity Kg / Day	Quantity treated or disposed in Kg per annum
(iii) Quantity of recyclable wastes sold to authorize recyclers after treatment in Kg per annum.	Red Category (Like plastics, glass, etc)			
(iv) No of vehicles used for collection 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				

Quantity

	(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 meetings held during the reporting period.		Yes
7	Details training conducted on BVMW		
	(i)Number of training conducted on BMWM Management		1
	(ii)Number of personnel trained		22
	(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		0
	Number of the persons affected		0
	Remedial Action taken (Please attach details if any)		
	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 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?		NA
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		NA

Certified that the above report is for the periods from : January 2025 to December 2025

Date:-05.02.2026
Place : Papadahandi


Name and Signature of the Head of the Institution
Name **Y. Mohanty**
Designation **Medical Superintendent**
CHC, Papadahandi
Dist. Subarnapur
CHC, Papadahandi