



OFFICE OF THE SUPERINTENDENT, SUB DIVISIONAL HOSPITAL,  
AT/PO/PS-BONAI, /DIST. -SUNDARGARH, 770 038  
suptsdhbonai@gmail.com



Letter No : 27

Dt: 07/01/2025

To,  
DIO NIC,  
Sundargarh,

Sub: Regarding upload of annual report BMWM of SDH Bonai. (ଓଡ଼ିଶା ସର୍ବମୁଖ୍ୟ ସ୍ୱାସ୍ଥ୍ୟ ବିଭାଗର  
ବାର୍ଷିକ ରିପୋର୍ଟ)

Sir,  
Inviting reference to the Subject cioted above, I am submitting here with the annual  
BMWM of SDH Bonai from January 2024- Dec 2024 for upload in district website.

This is for favour of your information and necessary action.

Encl: BMWM Annual report

Your's faithfully

  
Superintendent

Sub Divisional Hospital Bonai  
Dist- Sundargarh

**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)	:	Dr. Manoj Kumar Pati
	(ii) Name of Health Care Facility		SDH Bonai
	(iii) Address for Correspondence		Bonai, Dist - Sundargarh
	(iv) Address of Facility		
	(v) Tel. No, Fax. No		
	(vi) E-mail ID		suftsdbhbonai@gmail.com
	(vii) URL of Website		
	(viii) GPS coordinates of Health Care Facility		
	(ix) Ownership of Health Care Facility		✓ (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.: 12131 ..... .....valid up to 31/03/2025
	(xi). Status of Consents under Water Act and Air Act		Valid up to: Under Process.
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 66
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any	:	

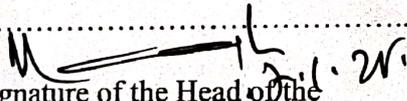
	other)					
	(iii) License number and its date of expiry					
3	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 52.66 kg			
			Red Category : 239.69 kg			
			White: <del>300 kg</del> 17.11 kg			
			Blue Category : 30.86 kg			
			General Solid waste: 311 kg			
4	Details of the Storage, treatment, transportation, processing and Disposal Facility					
	(i) Details of the on-site storage facility		Size : 120 sq. ft			
			Capacity : 115 kg			
			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
			Incinerators	0		
			Plasma Pyrolysis	0		
			Autoclaves	1		
			Microwave	0		
			Hydroclave	0		
			Shredder	1		
			Needle tip cutter or destroyer	5		

			Sharps Encapsulation or concrete pit	2		
			Deep-burial pits	2		
			Chemical disinfection	2	Liquid waste mgmt.	
			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.) Handled by outsourcing Agency			
	(iv) No of vehicles used for collection and transportation of biomedical-waste		1 Handled by outsourcing agency.			
	(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		Medicaid marketing Services Bhubaneswar CBWTF established at Majhapara, Sundargarh.			
6	Details trainings conducted on BMW		1			
	(i) Number of trainings conducted on BMW Management.		<del>00</del> 01			
	(ii) number of personnel trained		20			
	(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		Sops, videos of Segregation, PPTS			

	training is available?		
	(vi) any other information)		
7	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		0
	(ii) Number of the persons affected		0
	(iii) Remedial Action taken (Please attach details if any)		NA
	(iv) Any Fatality occurred, details.		NA
8	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standards?		NA
	Details of Continuous online emission monitoring systems installed		NA
9	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?		
10	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?		
11	Any other relevant information		(Air Pollution Control Devices attached with the Incinerator) No incinerators

Certified that the above report is for the period from January 2024 to December 2024

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Name and Signature of the Head of the 

Institution SDA Bonai

Date: 07/01/2025

Place Bonai