



OFFICE OF THE SUPERINTENDENT, MANGASPUR CHC

AT/PO- MANGASPUR, DISTRICT: - SUNDARGARH, PIN - 770019, ODISHA

Mail Id: bpmumangaspur@yahoo.com

Letter No. 24 /Mangaspur CHC /2025-26

Date: 06/01/2026

To,
**The District e-Governance Manager (DeGM)
Sundargarh**

**Sub: - Regarding uploading of BMW Annual Report for the year 2025 of
Mangaspur CHC in your official website.**

Sir,

In reference to the subject cited above please upload the Annual Report for the year 2025 of Bio Medical Waste Management of Mangaspur CHC in your official website.

This is for your kind information and necessary action at your end.

Yours Faithfully.


Superintendent
CHC Mangaspur
Sundargarh
26/01/2026
Superintendent
Mangaspur
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) 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. NUTAN KUJUR
	(ii) Name of HCF or CBMWTF	:	MANGTASPUR CHC
	(iii) Address for Correspondence	:	AT-MANGTASPUR VIA-BHASMA
	(iv) Address of Facility	:	DIST SUNDARGARH, PIN-770019
	(v) Tel. No, Fax. No	:	
	(vi) E-mail ID	:	bpmumangaspur@yahoo.com
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other)
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No.: 18819/IND-IV-BW-339 dated 22.1.2015 Valid upto: 21.03/2020
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto:
2	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 16
	(ii) Non-bedded hospital	:	
	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 of health care facilities covered by CBMWTF	:	1
	(ii) No. of Beds covered by CBMWTF	:	46
	(iii) Installed treatment and disposal capacity of CBMWTF;	:	_____ Kg / day
	(iv) Quantity of bio medical 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: 181.662 kg Red Category: 543.139 kg White: 36.004 kg Blue Category: 141.683 kg General Solid Waste:
5	Details of the Storage, Treatment, Transportation, Processing and Disposal Facility		
	(i) Details of the on-site storage	:	Size:

facility		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
		Incinerators			
		Plasma Pyrolysis			
		Autoclaves	2		
		Microwave			
		Hydroclave			
		Shredder			
		Needle tip cutter or destroyer	5		
		Sharps			
		Encapsulation or concrete pit	3		
		Deep burial pits	2		
		Chemical disinfection:	5		
		Any other treatment 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	:			
(v)	Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum		Quantity Generated	Where disposed	
		Incineration			
		Ash			
	ETP Sludge				
(vi)	Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	MED AID MARKETING SERVICES		
(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		

	Details trainings conducted on BMW	
	(i) Number of trainings conducted on BMW Management	01
	(ii) Number of personnel trained	30
	(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
8	Details of the accident occurred during the year	
	(i) Number of Accidents occurred	NIL
	(ii) Number of persons affected	NIL
	(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?	LIQUID WASTE MANAGEMENT DONE IN OT, LR, DRESSING ROOM, LAB
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

JANUARY - 2025 TO DECEMBER - 2025

Name and Signature of the Head of the Institution
 Superintendent
 Mangaspur CHC
 Sundargarh

Date: 05/01/2026

Place: MANGASPUR CHC