

**OFFICE OF THE DIRECTOR
ROURKELA GOVT. HOSPITAL**

E-Mail: directorrghrourkela@gmail.com, Phone/Fax: (0661) 2400161/2400039

Letter No. 387 /RGH

Date: 21/1/2026

To

**The Member Secretary
State Pollution Control Board, Odisha**

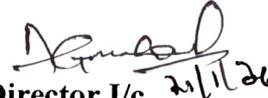
Sub: Regarding Submission of Annual report for the year 2025 of Rourkela Government Hospital, Rourkela.

Sir,

With reference to the subject cited above I am to submit the BMW Annual report for the year 2025 of Rourkela Government Hospital, Rourkela in the prescribed format as Annexure A.

This is for kind information and necessary action.

Yours faithfully,



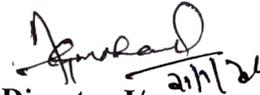
Director I/c

Rourkela Govt. Hospital

Memo No: 388 /RGH

Date: 21/1/26

1. Copy forwarded to the **BMW Cell, O/o CDM&PHO, Sundargarh** in favour of kind information and necessary action.
2. Copy submitted to the **Add. Director (BMW)**, Directorate of Public Health, Odisha for favour of kind information and necessary action



Director I/c

Rourkela Govt. Hospital

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 authorised person (occupier or operator of facility)	:	Dr.Anand Gopal Mohanty
	(ii) Name of HCF or CBMWTF	:	Rourkela Government Hospital
	(iii) Address for Correspondence	:	Rourkela Government Hospital
	(iv) Address of Facility		RGH CAMPUS,ROURKELA
	(v)Tel. No, Fax. No	:	8895277205,0661-2400108
	(vi) E-mail ID	:	directorrrghrourkela@gmail.com
	(vii) URL of Website		NA
	(viii) GPS coordinates of HCF or CBMWTF		NA
	(ix) Ownership of HCF or CBMWTF	:	State Government
	(x). Status of Authorisation under the Bio-Medical Waste (Management and Handling) Rules	:	Authorisation No : 4588/SPCB/Authorization(biomedical waste) Dt:13.04.2018/IND-IV-BW-330 Valid upto:31.03.2023 The renewal has been applied & pending at SPCB.
	(xi). Status of Consents under Water Act and Air Act	:	Valid upto:31.03.2023 The renewal has been applied & pending at SPCB.
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	No. of Beds: 400
	(ii) Non-bedded hospital	:	NA
	(Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)		
	(iii) License number and its date of expiry		NA
3.	Details of CBMWTF	:	
	(i) Number healthcare facilities covered by CBMWTF	:	NA
	(ii) No of beds covered by CBMWTF	:	NA
	(iii) Installed treatment and disposal capacity of CBMWTF:	:	NA

	(iv) Quantity of biomedical waste treated or disposed by CBMWTF	:	NA																																												
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : : 11370.095 Red Category : 17618.045 White : 644.510 Blue Category : 8429.780 General Solid waste: 34000.80KG																																												
5	Details of the Storage, treatment, transportation, processing and Disposal Facility																																														
	(i) Details of the on-site facility storage	:	Size : Capacity : Provision of on-site storage : (cold storage or any other provision)																																												
	(ii) Details of the disposal facilities treatment or	:	<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>00</td> <td></td> <td></td> </tr> <tr> <td>Plasma Pyrolysis</td> <td>00</td> <td></td> <td></td> </tr> <tr> <td>Autoclaves</td> <td>00</td> <td></td> <td></td> </tr> <tr> <td>Microwave Hydroclave</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Shredder</td> <td>00</td> <td>00</td> <td></td> </tr> <tr> <td>Needle tip cutter or Destroyer</td> <td>00</td> <td></td> <td>-</td> </tr> <tr> <td>Sharps encapsulation or concrete pit</td> <td>00</td> <td></td> <td>-</td> </tr> <tr> <td>Deep burial pits:</td> <td>00</td> <td></td> <td></td> </tr> <tr> <td>Chemical disinfection:</td> <td>00</td> <td></td> <td>-</td> </tr> <tr> <td>Any other treatment equipment:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Type of treatment equipment	No of units	Capacity Kg/day	Quantity treated or disposed in kg per annum	Incinerators	00			Plasma Pyrolysis	00			Autoclaves	00			Microwave Hydroclave				Shredder	00	00		Needle tip cutter or Destroyer	00		-	Sharps encapsulation or concrete pit	00		-	Deep burial pits:	00			Chemical disinfection:	00		-	Any other treatment equipment:			
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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.)																																												
	(iv) No of vehicles used for collection and transportation of biomedical waste	:	NA																																												
	(v) Details of incineration ash and ETP sludge generated and disposed		<table border="1"> <thead> <tr> <th>Quantity generated</th> <th>Where disposed</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Quantity generated	Where disposed																																										
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	during the treatment of wastes in Kg per annum		Incineration Ash ETP Sludge
	(vi) Name of the Common Bio-Medical Waste Treatment Facility Operator through which wastes are disposed of	:	M/s. Medi aid Marketing Services, Bhubaneswar
	(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		
7	Details trainings conducted on BMW		
	(i) Number of trainings conducted on BMW Management.		02
	(ii) number of personnel trained		365
	(iii) number of personnel trained at the time of induction		NA
	(iv) number of personnel not undergone any training so far		NA
	(v) whether standard manual for training is available?		Yes
	(vi) any other information)		NA
8	Details of the accident occurred during the year		
	(i) Number of Accidents occurred		No
	(ii) Number of the persons affected		No
	(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?		NA
	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?		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 other relevant information	:	NA

January 2025 to December 2025

Certified that the above report is for the period from:

Name and Signature of the Head of the Institution

[Dr. AnadGopal Mohanty.Rourkela Govt.Hospital,Rourkela.]

Date: 16.01.2026

Place: Rourkela

Anand
21/1/26

Director I/C

RGH, RKL.

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