

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER,

SUBARNAPUR
(MEDICAL WING)

Letter No: 1634/RKS/2026-27

Date: 06/07/2026

To

The Member Secretary
State Pollution Control Board,
Bhubaneswar

Sub: Submission of Form-IV (Annual Report of Bio-Medical Waste Management) of DHH, Sonepur.

Sir/Madam,

With reference to the subject cited above I am here with submitting the Annual Report (Form-IV) of Bio-Medical waste Management of DHH, Sonepur for the duration from 1st July 2025 to 30st June 2026.

This is for your kind information and necessary action.

Encl: As above.

Yours faithfully

[Signature]
4/7/26

[Signature] DMO (MS) cum Superintendent
DHH, Subarnapur

Memo no: 1635/RKS/2026-27

Date: 06/07/2026

1. Copy submitted to BMW Cell, DPH for kind information.
2. Copy submitted to Regional office, SPCB, Balangir for kind information.
3. Copy submitted to CDM & PHO, Subarnapur for kind information.
4. Copy submitted to ADPHO, Subarnapur for kind information.

[Signature]
4/7/26

[Signature] DMO (MS) cum Superintendent
DHH, Subarnapur

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		
	Particulars of the Occupier	:	
	(i) Name of the authorized person (occupier or operator of facility)	:	Dr. Durgadutta Dash, DMO (MS) cum Superintendent, DHH, Sonapur
	(ii) Name of HCF or CBMWTF	:	District Headquarter Hospital, Sonapur
	(iii) Address for Correspondence	:	District Headquarter Hospital, Sonapur At: Jhupudipada, Po/Ps: Sonapur, Dist: Subarnapur, Pin: 767017
	(iv) Address of Facility	:	District Headquarter Hospital, Sonapur At: Jhupudipada, Po/Ps: Sonapur, Dist: Subarnapur, Pin: 767017
1.	(v) Tel. No, Fax. No	:	9439987688
	(vi) E-mail ID	:	bmwmsonapur.dmoms@odisha.gov.in
	(vii) URL of Website	:	
	(viii) GPS coordinates of HCF or CBMWTF	:	Not applicable
	(ix) Ownership of HCF or CBMWTF	:	(State Government or Private or Semi Govt. or any other): State Government
	(x). Status of Authorization under the Bio-Medical Waste (Management and Handling) Rules	:	Applied
	(xi). Status of Consents under Water Act and Air Act	:	Applied
2.	Type of Health Care Facility	:	
	(i) Bedded Hospital	:	Yes
	(ii) Non-bedded hospital (Clinic or Blood Bank or Clinical Laboratory or Research Institute or Veterinary Hospital or any other)	:	Yes (Blood Bank or Clinical Laboratory)
	(iii) License number and its date of expiry	:	Applied
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 biomedical waste treated or disposed by CBMWTF	:																																																	
4.	Quantity of waste generated or disposed in Kg per annum (on monthly average basis)	:	Yellow Category : 234.07 kg																																																
		:	Red Category : 508.92 kg																																																
		:	White: 41.46 kg																																																
		:	Blue Category : 223.21 kg																																																
		:	General Solid waste: 14000 kg																																																
5	Details of the Storage, treatment, transportation, processing and Disposal Facility :																																																		
	(i) Details of the on-site storage facility	:	Size :																																																
		:	Capacity :																																																
		:	Provision of on-site storage any other provision) :																																																
	(ii) Details of the treatment or disposal facilities	:	<table border="1"> <thead> <tr> <th>Type of treatment or equipment in</th><th>No of units</th><th>Capacity Kg/ day</th><th>Quantity treated disposed kg per annum</th></tr> </thead> <tbody> <tr><td>Incinerator</td><td></td><td></td><td></td></tr> <tr><td>Plasma paralysis</td><td></td><td></td><td></td></tr> <tr><td>Autoclave (non-fun)</td><td></td><td></td><td></td></tr> <tr><td>Microwave</td><td></td><td></td><td></td></tr> <tr><td>Hydro-clave</td><td></td><td></td><td></td></tr> <tr><td>Shredder</td><td></td><td></td><td></td></tr> <tr><td>Needle tip cutter or destroyer</td><td></td><td></td><td></td></tr> <tr><td>Sharp encapsulation or concrete pit</td><td></td><td></td><td></td></tr> <tr><td>Deep burial pits</td><td></td><td></td><td></td></tr> <tr><td>Chemical disinfection</td><td></td><td></td><td></td></tr> <tr><td>Any other treatment</td><td></td><td></td><td></td></tr> </tbody> </table>	Type of treatment or equipment in	No of units	Capacity Kg/ day	Quantity treated disposed kg per annum	Incinerator				Plasma paralysis				Autoclave (non-fun)				Microwave				Hydro-clave				Shredder				Needle tip cutter or destroyer				Sharp encapsulation or concrete pit				Deep burial pits				Chemical disinfection				Any other treatment			
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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.	:																																																	

	(v) Details of incineration ash and ETP sludge generated and disposed during the treatment of wastes in Kg per annum	:	Quantity generated	
			Incineration	
			Ash	
			ETP Sludge	
	(vi) Name of the Common Bio- Medical Waste Treatment Facility Operator through which wastes are disposed of	:		
	(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	
7	Details trainings conducted on BMW	:	Yes	
	(i) Number of trainings conducted on BMW Management.	:	2 batches	
	(ii) number of personnel trained	:	346 personnel	
	(iii) number of personnel trained at the time of induction	:	50 personnel	
	(iv) number of personnel not undergone any training so far	:	Nil	
	(v) Whether standard manual for training is available?	:	Yes	
	(vi) any other information)	:		
8	Details of the accident occurred during the year:	:	0	
	(i) Number of Accidents occurred	:	0	
	(ii) Number of the persons affected	:	0	
	(iii) Remedial Action taken (Please attach details if any)	:	Nil	
	(iv) Any Fatality occurred, details.	:	Nil	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not meet 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?	:	Yes	

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 July 2025 to June 2026.

[Signature]
 Name and Signature of the
 Head of the Institution

Date: Place